Florida HEALTH
Leon County

LEON COUNTY
COMMUNITY HEALTH IMPROVEMENT PLAN
2017-2022

Highway 20 • Fairbanks Ferry • Bond • Macon • Greater Frenchtown • South City

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Executive Summary

Acknowledgements

The Florida Department of Health in Leon County (FDOH-Leon) is pleased to present the Community Health Improvement Plan (CHIP) to our community. This plan was developed with input from the CHIP Steering Committee (SC) made up of a multidisciplinary and diverse group of community leaders coming together to develop a comprehensive health agenda. Multiple agencies addressed key goals and strategies that are needed to activate change and provide resources in collaboration with FDOH-Leon. The FDOH-Leon CHIP is a plan that the entire public health system in Leon County will follow to coordinate resources for more efficient directed and unified health improvement efforts. The CHIP is directly linked to the State Health Improvement Plan (SHIP).

Introduction

The FDOH-Leon CHIP presents a long-standing, organized effort to address health issues in a community based on results from a community health assessment. The latest plan was instituted in 2017 and proposes priorities for action until 2022. The FDOH-Leon CHIP is used by governmental, education, and social service agencies and organizations to implement policies and programs that protect and improve health. Health is essential to well-being, which involves full participation in communities and society. Poor health can result in suffering, disability and loss of life. The economic impacts of health have become increasingly apparent. The health of our nation depends on positive changes to public and private policies that can improve communities. Opportunities and challenges exist for addressing health issues while advancing community engagement in ongoing health improvement planning.

A Community Health Improvement Plan guides policy and program decisions that enhance health and well-being. The plan reflects the understanding that the quality of the communities where we live, work, and play is as important to achieving good health as going to the doctor for a physical, proper nutrition, and adequate physical activity. There are many factors, or determinants, that affect health and have a tremendous influence on health outcomes. This plan is designed to be implemented by community agencies and partners throughout the county. Working together we can reach our vision to be the healthiest state in the nation.

Methodology

The 2015-16 Leon County Community Health Assessment Survey provided valuable information about the existing burden of chronic diseases, health behaviors, risk factors and disparities observed in 6 communities in the county. The CHIP consists of 8 domains specific to Leon county populations in alignment with the State Health improvement plan (SHIP). Each domain consists of goals, strategies, objectives, indicators, and partner agencies that will assist in ensuring that the goals are met.

Domain *one* addresses affordable housing and has five key activities. Domain *two* addresses sustainable employment and has four key activities. Domain *three* addresses HIV AIDS and has 24 key activities. Domain *four* addresses STDs and has two key activities. Domain *five* addresses Physical Activity and has two key activities. Domain *six* addresses Nutrition and has 11 key activities. Domain *seven* addresses Maternal Child Health and has 13 key activities.

In 2015, the FDOH-Leon collaborated with the United Way and Tallahassee Memorial HealthCare to meet the 3 to 5-year assessment requirements. The steering group (SG) has regular meetings and quarterly Community Health Improvement Planning (CHIP) meetings. The SG solicited input from a broad cross-section of people who live and work in Leon County, ensuring a truly collaborative community-based assessment. The community health assessment documents the partners from various community sectors and broad representation, including community members, health care providers, health insurance agencies, educational institutions, early childhood advocates, affordable housing advocates, and social services. The SG guided the community health assessment process and identified priority public health issues in Leon County that are now represented as domains. the SG disbanded while the FDOH-Leon holds quarterly meetings with the eight CHIP the workgroup leads and community partners.

Discussion

The FDOH-Leon CHIP adopts the county's Community Health Assessment (CHA) which gathered data from focus communities and served as the support for strategies and activities for the CHIP. The survey indicated that an overwhelming number of respondents exhibit one or more of the following chronic conditions: Hypertension/high blood pressure (35%), diabetes (18%), heart disease (14%), and asthma (10%). For the 2015-17 period, cancer was the leading cause of death, and heart disease was the second leading cause of death in Leon County (FDOH Leon, 2019).

According to the U.S. Census Bureau, as of July 2018, Leon County had a population of 292,502 (U.S. Census Bureau, 2018). Leon County, Florida has a total 125,481 households within a total 1,817.63 sq. km of land and water area, (World Atlas, 2019). Leon is ranked as the 22nd county out of 67 in Florida. More than two thirds of the residents are White (61.9%) and 31.7% are Black. Over 52.6% of its residents are female (U.S. Census Bureau, 2018). Education statistics show that 93.2% of residents age 25 and over are high school graduates or higher and 45.5% of residents age 25 and over have a bachelor's degree or higher (U.S. Census Bureau, 2018). In 2017, the median household income was $49,941 and the per capita income was $28,548 (U.S. Census Bureau, 2018), with 18.0% of individuals living in poverty (U.S. Census Bureau, 2018). An estimated 10.8% of the population (over 27,083 individuals) ages 0-64 years are uninsured in Leon County (U.S. Census Bureau, 2018).

In 1988, the Institute of Medicine (IOM) stated that public health systems focus on prevention through population-based health promotion-those public services and interventions which protect entire populations from illness, disease, and injury-and protection (Institute of Medicine, 1988).The primary providers of these public health services are government public health agencies (IOM, 1988). Public health agencies are accountable for protecting, assessing, and assuring individual, community, and environmental health. These agencies are tasked with building partnerships and coordinating direct services to guarantee access to adequate health services in a community. The Florida Department of Health public health system is made up of all public, private and voluntary organizations that contribute to the well-being of Florida's communities. The FDOH-Leon will continue to fulfill its role in ensuring that it "works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts." (FDOH, 2019).

AFFORDABLE HOUSING

GOAL: Increase availability of safe and sanitary affordable housing units
STRATEGY: Coordinate and collaborate with local government, for-profit and nonprofit entities committed to safe and sanitary affordable
OBJECTIVE: Identify stakeholder groups to determine viability of collective impact
INDICATOR(S): Local and regional data to include current number of existing affordable housing stock
PARTNER AGENCIES: Members of the ESSC-AHS

KEY ACTIVITY AH1	**Identify resources and engage in collective impact group** Tallahassee-Leon County Affordable Housing Leadership Council, Affordable Housing Advisory Committee Members *Leon County Affordable Housing Developer • Big Bend Habitat • Leon County • City of Tallahassee •Beatitude Foundation • Tallahassee Housing Authority • Leon County Schools • Ability 1st • Tallahassee Lenders Consortium • Big Bend Homeless Coalition • Bethel Community Development Corporation • Housing Finance Authority of Leon County • Tallahassee Urban League • City of Tallahassee Affordable Housing Consumer • Leon County Affordable Housing Consumer • City of Tallahassee Housing Developer • Big Bend Continuum of Care* The ESSC-AHS would like to invite the following to the discussion at some point: *Private Lenders (obtain at least three) • Board of Realtors • Representatives of HOAs (CONA/CANN) • Southside Frenchtown Community Advisory Council • AREA (African American Realtors)*
PARTNER(S) INCLUDED/ RESPONSIBLE	City of Tallahassee, Leon County, Leon County Housing Finance Authority
ANTICIPATED RESULT	Establish coordinated list of resources in affordable housing sector
TARGET DATE	**September 30, 2018** Modifications: annual update
PERFORMANCE MEASURE	At least two identified co-funded projects or programs that multiple stakeholders are invested in through the contribution of resources

STATUS OF PROGRESS: Ongoing

GOAL: Increase availability of safe and sanitary affordable housing units
STRATEGY: Coordinate and collaborate with local government, for-profit and nonprofit entities committed to safe and sanitary affordable housing for Leon County residents (to be delineated from student housing)
OBJECTIVE: Identify stakeholder groups to determine viability of collective impact
INDICATOR(S): Local and regional data to include current number of existing affordable housing stock
PARTNER AGENCIES: Members of the ESSC-AHS

KEY ACTIVITY AH2	• **Obtain resource providers' commitment and capacity** • **Obtain community input**
PARTNER(S) INCLUDED/	City of Tallahassee, Leon County, Leon County Housing Finance Authority
ANTICIPATED RESULT	Identify implementation teams and assign strategies accordingly
TARGET DATE	**December 31, 2018**
PERFORMANCE MEASURE	Performance Outcome: Teams should include meaningful representation from resource providers

STATUS OF PROGRESS: Ongoing

GOAL: Increase availability of safe and sanitary affordable housing units
STRATEGY: Coordinate and collaborate with local government, for-profit and nonprofit entities committed to safe and sanitary affordable housing for Leon County residents (to be delineated from student housing)
OBJECTIVE: Identify stakeholder groups to determine viability of collective impact
INDICATOR(S): Local and regional data to include current number of existing affordable housing stock
PARTNER AGENCIES: Members of the ESSC-AHS

KEY ACTIVITY AH3	**Develop action plan based on commitments and capacity**
PARTNER(S) INCLUDED/	City of Tallahassee, Leon County, Leon County Housing Finance Authority
ANTICIPATED RESULT	Completed action plan
TARGET DATE	September 30, 2019
PERFORMANCE MEASURE	Focused implementation of developed action plan

STATUS OF PROGRESS: Ongoing

GOAL: Increase availability of safe and sanitary affordable housing units
STRATEGY: Propose a program for the City and County to engage large employers in the effort to produce more affordable housing
OBJECTIVE: Encourage large employers to provide resources to support affordable housing
INDICATOR(S): Credit Unions. Assess What Programs/Presence Exist
PARTNER AGENCIES: Members of ESSC-AHS

KEY ACTIVITY AH4	**Identify, assess and engage large employers through discussions on the importance of affordable housing and what programs exist (universities, etc.)**
PARTNER(S) INCLUDED/ RESPONSIBLE	City and County housing departments
ANTICIPATED RESULT	• Understanding of existing programs = Community snapshot of what's available • Identify targets to recruit • Increased commitment by selected employers
TARGET DATE	September 30, 2018
PERFORMANCE MEASURE	• Performance Outcome: Established commitments from selected employers • Long-term investments in home ownerships • Increased number of employers focused on pathways toward home ownership and financial stability • Leveraged financial resources
STATUS OF PROGRESS: Ongoing	

GOAL: Increase availability of safe and sanitary affordable housing units
STRATEGY: Propose a program for the City and County to engage large employers in the effort to produce more affordable housing
OBJECTIVE: Encourage large employers to provide resources to support affordable housing
INDICATOR(S): Credit Unions, Assess What Programs/Presence Exist
PARTNER AGENCIES: Members of ESSC-AHS

KEY ACTIVITY AH5	**Develop strategies to leverage employer participation and resources with existing affordable housing initiatives**
PARTNER(S) INCLUDED/ RESPONSIBLE	City and County and selected employers
ANTICIPATED RESULT	Strategies that can be utilized to leverage employer participation
TARGET DATE	September 30, 2019
PERFORMANCE	Implementation of strategies by responsible parties to include employers

STATUS OF PROGRESS: Ongoing

SUSTAINABLE EMPLOYMENT

GOAL: Minimize barriers to sustainable employment
STRATEGY: Increase opportunities for employers and skilled candidates in targeted sectors
OBJECTIVE: Aligning needs of employer with candidate skills and qualifications
INDICATOR(S): Local labor market data, Department of Economic Opportunity (DEO), local and state chamber data, Office of Economic Vitality (OEV)
PARTNER AGENCIES: Members of the ESSC-SES

KEY ACTIVITY SE1	• **Job readiness; create holistic employment suitability assessment** • **Agree upon key areas to assess** • **Identify stakeholders within each area** • **Develop question/result set** • **Determine how to deploy assessment**
PARTNER(S) INCLUDED/ RESPONSIBLE	Career Source Capital Region, Early Learning Coalition (ELC), Emergency Care Help Outreach (ECHO), Tallahassee Housing Authority (THA), Star Metro (City of Tallahassee), Bond Health Center, Neighborhood Medical Center, FSU College of Medicine, Leon County Schools, Lively, ACE, Care Point
ANTICIPATED RESULT	Calculate community baseline
TARGET DATE	September 30, 2018
PERFORMANCE	Completion of suitability assessment
STATUS OF PROGRESS: Ongoing	

SE1

GOAL: Minimize barriers to sustainable employment
STRATEGY: Increase opportunities for employers and skilled candidates in targeted sectors
OBJECTIVE: Aligning needs of employer with candidate skills and qualifications
INDICATOR(S): Local labor market data, Department of Economic Opportunity (DEO), local and state chamber data, Office of Economic Vitality (OEV)
PARTNER AGENCIES: Members of the ESSC-SES

KEY ACTIVITY SE2	• **Connect job-ready candidates directly with employers** • **Develop and implement strategies to disseminate existing and new job-training/readiness information and opportunities to the community**
PARTNER(S) INCLUDED/ RESPONSIBLE	Career Source Capital Region
ANTICIPATED RESULT	Increase in individuals with sustainable employment opportunities
TARGET DATE	Immediate and ongoing
PERFORMANCE MEASURE	• Continue to implement and hold hiring fairs • Expand recruitment and outreach to more vulnerable populations

STATUS OF PROGRESS: Ongoing

SE2

GOAL: Minimize barriers to sustainable employment
STRATEGY: Increase opportunities for employers and skilled candidates in targeted sectors
OBJECTIVE: Aligning needs of employer with candidate skills and qualifications
INDICATOR(S): Local labor market data, Department of Economic Opportunity (DEO), local and state chamber data, Office of Economic Vitality (OEV)
PARTNER AGENCIES: Members of the ESSC-SES

KEY ACTIVITY SE3	**Create direct pipeline with employers through work-based learning models**
PARTNER(S) INCLUDED/	Tallahassee Chamber of Commerce, Big Bend Minority Chamber of Commerce, TCC Center for Workforce Development, Career Source Capital Region, Office of Economic Vitality (OEV)
ANTICIPATED	Increase number of direct pipeline work-based learning models
TARGET DATE	December 31, 2018
PERFORMANCE MEASURE	Develop one per targeted industry sector (4)

STATUS OF PROGRESS: Ongoing

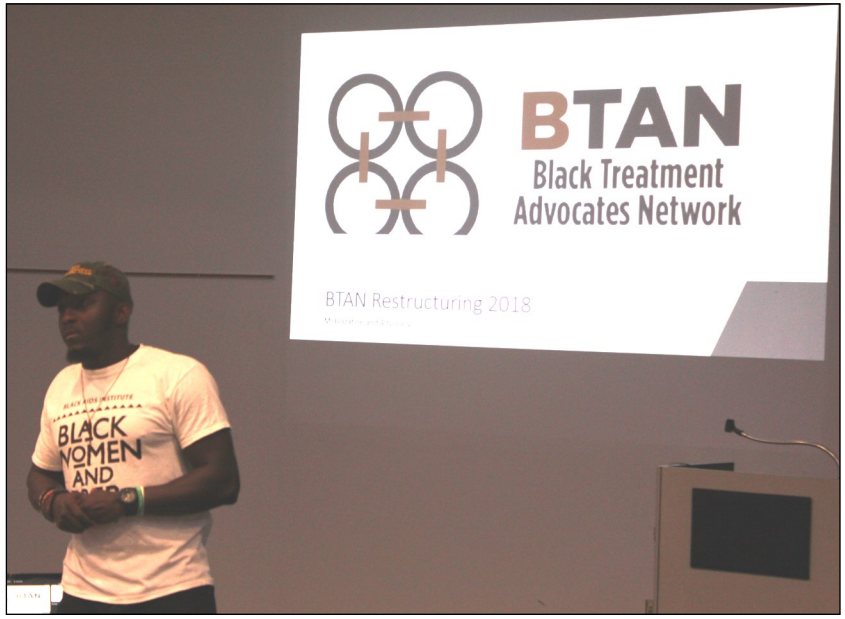
GOAL: Minimize barriers to sustainable employment
STRATEGY: Increase transportation opportunities for employees
OBJECTIVE: Determine limits of current public transportation system
INDICATOR(S): Star Metro data; current routes
PARTNER AGENCIES: Members of ESSC-SES

KEY ACTIVITY SE4	**Conduct Gap Assessment:** • **Assess limits of current transportation system** • **Map employers** • **Determine viable employment shift by community**
PARTNER(S) INCLUDED/ RESPONSIBLE	Star Metro, City of Tallahassee
ANTICIPATED RESULT	• Increased transportation options outside of Star Metro hours • Decrease amount of time it takes to get from promise zone areas to employment centers • Increase transportation options outside of traditional work hours
TARGET DATE	June 30, 2018
PERFORMANCE MEASURE	• Completed assessment outlining where needs exist • Development of transportation options that decrease time it takes for travel

STATUS OF PROGRESS: Ongoing

HIV/AIDS


LifeStyles
NATURAL LATEX FREE
SANS LATEX NATUREL
1 lubricated condom
1 condom lubrifié
LifeStyles
NATURAL LATEX FREE
SANS LATEX NATUREL
1 lubricated condom
1 condom lubrifié
LifeStyles
NATURAL LATEX FREE
SANS LATEX NATUREL
1 lubricated condom
ONE
path to love
happy pirate
CAUTION


BTAN
Black Treatment
Advocates Network
BTAN Restructuring 2018
BLACK
WOMEN
AND

GOAL: Reduce new HIV infections in Leon County
STRATEGY: Increase knowledge and availability of Pre-Exposure Prophylaxis (PrEP)
OBJECTIVE: Reduce the number of new diagnoses by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020)
INDICATOR(S): FDOH Florida Charts, DOH-Leon
PARTNER AGENCIES: DOH-Leon, Tallahassee Memorial, Capital Regional Medical, Big Bend Cares, Neighborhood Medical Center, Bond Medical, MAACA, FSU Health Services, FAMU Health Services, AETC

KEY ACTIVITY HA1	**Educate high-risk population and community about PrEP:** • **Four educational workshops** • **Four presentations to college community** • **Four community forums**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, Ryan White recipients (Big Bend Cares, Neighborhood Medical Center, Bond Medical), MAACA, FSU Health Services, FAMU Health Services, AETC
ANTICIPATED RESULT	Increased knowledge and awareness to PrEP to decrease new infections
TARGET POPULATION	College community, LGBTQ community, women, MSM
TARGET DATE	October 30, 2019; one of each presentation per quarter
PERFORMANCE MEASURE	# of participants Educational Workshops: Big Bend Cares (*3/16/18, 38 participants*), DOH-Leon/Southside (*10/13/17, 42*), DOH-Leon/R&S (*2/2/18, 26*), Area 2B Collaboration (*5/18/18, 30*) College Presentations: Dr. Phyllis Welch-Johnson (*7/24/18, 55 participants*), Dr. Okeke (*10/18/17, 30*), Tanya Tatum (*12/8/17, 700, World AIDS Day*), Kelly Grove (*2/7/18, 60, National Black HIV/AIDS Awareness Day*) Community Forums: Red Ribbon Alliance (*10-25 participants, meets every three months as part of the Ryan White Consortium comprised of community members and peer navigators and health care providers*), Big Bend AIDS Alliance Meeting (*20-30, meets every three months, hosted by Big Bend Cares, comprised of health care workers in the HIV field*), Area 2B Service Provider Meeting (*8-15, meets every other month, hosted by Bond Community Health Center, comprised of health care providers*), STD Regional Meeting (*15-25, open to the community once every three months, hosted by DOH-Leon, comprised of STD/HIV staff and community service providers*). BTAN sponsored PrEP Community Forum priority populations are Black MSM to Black Heterosexual Women.
STATUS OF PROGRESS: Ongoing	

GOAL: Reduce new HIV infections in Leon County
STRATEGY: Increase knowledge and availability of Pre-Exposure Prophylaxis (PrEP)
OBJECTIVE: Reduce the number of newly diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020)
INDICATOR(S): FDOH Florida Charts, DOH-Leon
PARTNER AGENCIES: Tallahassee Community College's Ghazvini Center

KEY ACTIVITY HA2	**Educate health care providers about PrEP:** • **Two AETC trainings for health care providers (one each year)** • **One training for college students in health care programs (2019)**
PARTNER(S) INCLUDED/ RESPONSIBLE	AIDS Education and Training Center (AETC)
ANTICIPATED RESULT	Increased knowledge of PrEP
TARGET POPULATION	Health care providers, students in health care programs
TARGET DATE	October 30, 2019
PERFORMANCE MEASURE	# of participants AETC Training (2/23/18, Ghazvini Center, 40 participants) AETC Symposium (2/22/19, Ghazvini Center, 65 participants) FAMU Pharmacy 500/501 HIV Counselor classes, 100 participants) Capacity Building Assistance (CDC) Motivational Interviewing with PrEP 2/27 – 2/28 , 23 participants)

STATUS OF PROGRESS: Completed

GOAL: Reduce new HIV infections in Leon County
STRATEGY: Increase PrEP marketing within the Leon County area
OBJECTIVE: Reduce the number of newly diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020)
INDICATOR(S): FDOH Florida Charts, DOH-Leon
PARTNER AGENCIES: DOH-Leon, Tallahassee Memorial, Capital Regional Medical, Big Bend Cares, Neighborhood Medical Center, Bond Medical, MAACA, FSU Health Services, FAMU Health Services, AETC

KEY ACTIVITY HA3	**Advertise PrEP through social media**
PARTNER(S) INCLUDED/	DOH-Leon, Ryan White recipients (Big Bend Cares, Neighborhood Medical Services, Bond Medical), MAACA, FSU Health Services, FAMU Health Services, AETC
ANTICIPATED	Increased knowledge of PrEP
TARGET	Individuals at risk for HIV infection
TARGET DATE	August 1, 2018 - June 30, 2019
PERFORMANCE	# of people who responded...in progress

STATUS OF PROGRESS: FDOH Leon has no social media presence. BBC/NMC have been advertising PrEP access on Instagram and FB.

GOAL: Reduce new HIV infections in Leon County
STRATEGY: Increase PrEP marketing within the Leon County area
OBJECTIVE: Reduce the number of newly diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020)
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA4	• **GIS mapping of HIV in Leon County** • **Advertise PrEP through direct marketing: One mailout will occur in high-risk area** • **Creation and distribution of the message**
PARTNER(S) INCLUDED/ RESPONSIBLE	CBOs, DOH-Leon
ANTICIPATED RESULT	Increased knowledge of PrEP
TARGET POPULATION	Individuals at risk for HIV infection
TARGET DATE	September 1, 2018 - February 28, 2019
PERFORMANCE	# of phone calls received asking for additional information or wanting PrEP

STATUS OF PROGRESS: The FDOH Leon County has Zero capacity to conduct GIS mapping. The Public Health program can utilize Zip codes associated with morbidity reporting to determine areas/communities within Leon County that have the highest disease burden for specific populations.

GOAL: Reduce new HIV infection in Leon County
STRATEGY: Increase PrEP marketing within the Leon County area
OBJECTIVE: Reduce the number of new diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020)
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA5	**Advertise PrEP at community events, DCF events, Business Response to AIDS (BRTA), Faith Response to AIDS (FRTA).**
PARTNER(S) INCLUDED/ RESPONSIBLE	CBOs, DOH-Leon
ANTICIPATED RESULT	Increase knowledge of PrEP
TARGET POPULATION	Person at risk for HIV infection
TARGET DATE	January 1, 2018 - December 31, 2022
PERFORMANCE MEASURE	Creation and distribution of the advertisement Big Bend Cares: Ad in the Pride program for Pride Month regarding PrEP Partnerships in community promoting PrEP: • DCF, FarmShare and My Jumpstart • Churches (New Mt. Zion, Evergreen, Bethel, Family Worship and Praise) • Businesses (XMart, Cali's Beauty Supply, ASAP, Climax, Stadium, Tally Strip, Planned Parenthood) • Schools (Godby, Rickards, Lincoln, Fairview, FAMU DRS, Nims)
STATUS OF PROGRESS: Business partners who agree to advertise PrEP are increasing.	

GOAL: Reduce new HIV infection in Leon County
STRATEGY: Increase PrEP marketing within the Leon County area
OBJECTIVE: Reduce the number of new diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020)
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA6	PrEP seminar for CBOs and CHDs
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon
ANTICIPATED RESULT	Increase provider knowledge of PrEP and other medical interventions
TARGET POPULATION	Person at risk for HIV infection
TARGET DATE	January 1, 2018 - December 31, 2022
PERFORMANCE	# of people engaged in seminar

STATUS OF PROGRESS: Big Bend Cares (*3/16/18, 38 participants*), DOH-Leon/Southside (*10/13/17, 42*), DOH-Leon/R&S (*2/2/18, 26*).

GOAL: Reduce new HIV infection in Leon County
STRATEGY: Develop a system for PrEP delivery within the Tallahassee area
OBJECTIVE: Reduce the number of new diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020)
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA7	**Identify potential PrEP providers**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon
ANTICIPATED RESULT	Expand other CBOs' ability to provide PrEP to the community
TARGET POPULATION	Health care providers
TARGET DATE	March 15, 2018
PERFORMANCE MEASURE	Number of identified providers: DOH-Leon, Bond Community Health Center, Neighborhood Medical Center, Big Bend Cares

STATUS OF PROGRESS: Ongoing

GOAL: Reduce new HIV infection in Leon County
STRATEGY: Develop a system for PrEP delivery within the Tallahassee area
OBJECTIVE: Reduce the number of new diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020)
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA8	**Identify best practices to finance PrEP expansion**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, health care providers
ANTICIPATED RESULT	Provide or educate medical providers and community-based organizations on funding streams to fund PrEP
TARGET POPULATION	Person at risk for HIV infection
TARGET DATE	December 31, 2018
PERFORMANCE MEASURE	Discussion of best practices with the HIV Planning Partnership 01/09-01/12/18 DOH-Leon and BBC attended PrEP Institution in Orlando and discussed with other agencies and CHDs about using best practices in our area; institution was led by the San Francisco Health Department

STATUS OF PROGRESS: FDOH Leon is entering into a contractual agreement with Curant Pharmacy to expand upon PrEP service delivery and availability for residents at greatest risk in Leon County. Public Health program has also worked with LYNX, Inc., to expand access to PrEP in local pharmacies. LYNX, Inc., is a Gilead FOCUS grantee.

GOAL: Increase access to care for people newly diagnosed
STRATEGY: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage
OBJECTIVE: Increase the number of newly diagnosed individuals who are linked to HIV medical care within one month of diagnosis to 100% from baseline (to be established) by January 1, 2018
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA9	**Implement "Test and Treat" immediately following a positive HIV test result**
PARTNER(S) INCLUDED/	DOH-Leon, Big Bend Cares, Bond Medical
ANTICIPATED RESULT	Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage
TARGET POPULATION	Newly diagnosed HIV cases
TARGET DATE	March 1, 2017 - December 31, 2020
PERFORMANCE MEASURE	How many people were treated • 36 people treated as of 8/9/18

STATUS OF PROGRESS: Ongoing efforts

GOAL: Increase access to care for people newly diagnosed
STRATEGY: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage
OBJECTIVE: Increase the number of newly diagnosed individuals who are linked to HIV medical care within one month of diagnosis to 100% from baseline (to be established) by January 1, 2018
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA10	**Meet with at least three providers not currently providing "Test and Treat" services in Leon County to implement T&T protocol**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon
ANTICIPATED RESULT	Expand community resources that support the reduction of HIV/AIDS
TARGET POPULATION	Newly diagnosed HIV cases
TARGET DATE	December 2017
PERFORMANCE	How many providers are implementing "Test and Treat"; completed

STATUS OF PROGRESS: Currently FDOH Leon R&S Clinic is the only provider in Leon conducting T&T. FDOH Gadsden County is in the process of establishing a T&T protocol within their clinic.

GOAL: Increase access to care for people newly diagnosed
STRATEGY: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage
OBJECTIVE: Increase the number of newly diagnosed individuals who are linked to HIV medical care within one month of diagnosis to 100% from baseline (to be established) by January 1, 2018
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA11	Generate a process map from point of testing to final linkage
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon/DIS, linkage coordinator
ANTICIPATED RESULT	Expand community resources that support the reduction of HIV/AIDS
TARGET POPULATION	Newly diagnosed HIV cases
TARGET DATE	June 30, 2018
PERFORMANCE	Number of clients that are tested, treated and linked to care within 30 days; completed

STATUS OF PROGRESS: Revision completed on February 1, 2019.

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Connect community members
OBJECTIVE: Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA12	• **Identify potential members** • **Email/mail letters to a diverse cross-section of the community to provide them with the goals of BTAN**
PARTNER(S) INCLUDED/	DOH-Leon, CBOs, community partners
ANTICIPATED RESULT	To determine if the black community is interested in establishing a BTAN
TARGET POPULATION	Disproportionately black communities, providers, faith-based leaders, academic, professional and community members
TARGET DATE	December 30, 2018
PERFORMANCE	Completed

STATUS OF PROGRESS: Ongoing

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Successful launch of the BTAN chapter
OBJECTIVE: Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA13	**Send a letter of intent to BTAN**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon
ANTICIPATED RESULT	Establishment of BTAN chapter
TARGET POPULATION	Disproportionately black communities
TARGET DATE	March 1, 2018
PERFORMANCE	Met

STATUS OF PROGRESS: Completed

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Successful launch of the BTAN chapter
OBJECTIVE: Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA14	**Submit an application**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon
ANTICIPATED RESULT	Establishment of BTAN chapter
TARGET POPULATION	Disproportionately black communities
TARGET DATE	September 1, 2018
PERFORMANCE	Met

STATUS OF PROGRESS: Completed

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Successful launch of the BTAN chapter
OBJECTIVE: Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA15	• **Conduct a general interest meeting** • **Work with BTAN to generate an interest meeting flyer**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, CBOs, community partners
ANTICIPATED RESULT	Public will be educated on BTAN and get involved
TARGET POPULATION	Providers, faith-based leaders, academic, professionals and community members
TARGET DATE	October 1, 2018
PERFORMANCE	Met on 1/30/18 (Leon); Met on 2/24/18 (Jefferson)

STATUS OF PROGRESS: Completed

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Successful launch of the BTAN chapter
OBJECTIVE: Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA16	• **Select a co-chair** • **Submit a petition to the Black AIDS Institute to show a strong community commitment to BTAN**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, CBOs, community partners
ANTICIPATED RESULT	Establishment of BTAN chapter
TARGET POPULATION	Providers, faith-based leaders, academic, professionals and community members
TARGET DATE	November 1, 2018
PERFORMANCE	Selecting a 501(c)3 fiscal agent; met

STATUS OF PROGRESS: Completed

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Successful launch of the BTAN chapter
OBJECTIVE: Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA17	**Submit two MOAs**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, fiscal agent
ANTICIPATED RESULT	Establishment of BTAN chapter
TARGET POPULATION	Disproportionately black communities
TARGET DATE	November 30, 2018
PERFORMANCE	Acceptance of the MOA from BTAN; met

STATUS OF PROGRESS: Completed

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Successful launch of the BTAN chapter
OBJECTIVE: Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA18	**Training for BTAN members**
PARTNER(S) INCLUDED/ RESPONSIBLE	BTAN
ANTICIPATED RESULT	The black community will be knowledgeable on pertinent information affecting the black community and to provide resources
TARGET POPULATION	Providers, faith-based leaders, academic, professionals and community members
TARGET DATE	December 1, 2018
PERFORMANCE MEASURE	The number of members who attend the training to obtain/enhance them develop skills on HIV science, treatment and mobilization

STATUS OF PROGRESS: Completed

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Successful launch of the BTAN chapter
OBJECTIVE: Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA19	**Chapter recognition**
PARTNER(S) INCLUDED/ RESPONSIBLE	BTAN
ANTICIPATED RESULT	Receive all the benefits that BTAN has to offer to the black community
TARGET POPULATION	Disproportionately black communities
TARGET DATE	January 1, 2019
PERFORMANCE	Completion of all paperwork and required training

STATUS OF PROGRESS: Completed

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Inform people of services available
OBJECTIVE: Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA20	**A directory of services for people living with HIV will be developed, printed, distributed**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon
ANTICIPATED RESULT	
TARGET POPULATION	People living with HIV, their families, providers and community
TARGET DATE	December 30, 2017 - October 31, 2018
PERFORMANCE	How many are distributed

STATUS OF PROGRESS: Completed

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Inform people of services available
OBJECTIVE: Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA21	**An online version will be available to 2-1-1, posted on the DOH-Leon website and available for CBOs to post**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, community partners
ANTICIPATED RESULT	Establish formalized collaborative structure with stakeholder to ensure the needs of individuals and families are met
TARGET POPULATION	People living with HIV, their families, providers and community
TARGET DATE	March 30, 2018 - March 30, 2019
PERFORMANCE	How many people are accessing it

STATUS OF PROGRESS: Ongoing

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Inform people of services available
OBJECTIVE: Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA22	• **A condom distribution group will have convened** • **A master list will be developed by this group for condom distribution sites and contacts**
PARTNER(S) INCLUDED/	DOH-Leon, community partners
ANTICIPATED RESULT	To decrease duplication of established condom sites and collaborate with other CBO and community partners to expand condom distribution in non-health care settings
TARGET POPULATION	People at risk in the community
TARGET DATE	July 1, 2018
PERFORMANCE	# of sites

STATUS OF PROGRESS: Completed

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Inform people of services available
OBJECTIVE: Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA23	**Condom map distribution will be developed based on ZIP codes**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon and community partners
ANTICIPATED RESULT	Collaborate with community partners to distribute condoms to prevalence areas
TARGET POPULATION	People at risk in the community
TARGET DATE	November 30, 2018
PERFORMANCE	# of condoms distributed

STATUS OF PROGRESS: Ongoing

GOAL: Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV
STRATEGY: Inform people of services available
OBJECTIVE: Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community
INDICATOR(S):
PARTNER AGENCIES:

KEY ACTIVITY HA24	**Three peer support groups will be actively meeting and providing feedback to DOH-Leon and CBOs through a yearly listening session**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, CBOs, people living with HIV
ANTICIPATED RESULT	To assess our efforts and determined if the plan is working or not
TARGET POPULATION	Community
TARGET DATE	January 30, 2019
PERFORMANCE	Attendance at monthly peer meetings; attendance at listening session

STATUS OF PROGRESS: Not completed – FDOH Leon Public Health is exploring the development of a Peer Support group with local Peer advocates.

SEXUALLY TRANSMITTED INFECTIONS/DISEASES (STIs/STDs)

GOAL: To decrease STDs (gonorrhea, chlamydia and syphilis) in Leon County
STRATEGY: To decrease and treat all potential people between 15-24 y/o
OBJECTIVE: To decrease by 5% from baseline (rate) of 1525.97 (2017) to 1449.67 (2022) for 15-24 y/o population
INDICATOR(S):
PARTNER AGENCIES: Private doctors, hospitals and health departments

KEY ACTIVITY ST1	**Expedited Patient Therapy will be offered to all clients that have been exposed to STDs**
PARTNER(S) INCLUDED/ RESPONSIBLE	Provides both internal and external meds
ANTICIPATED RESULT	Providers are using Expedited Patient Therapy
TARGET DATE	2022
PERFORMANCE MEASURE	• Record reviews will be completed quarterly • Surveillance data will quarterly

STATUS OF PROGRESS: Ongoing

GOAL: To decrease STDs (gonorrhea, chlamydia and syphilis) in Leon County
STRATEGY: To decrease and treat all potential people between 15-24 y/o
OBJECTIVE: To decrease by 5% from baseline (rate) of 1525.97 (2017) to 1449.67 (2022) for 15-24 y/o population
INDICATOR(S):
PARTNER AGENCIES: Private doctors, hospitals and health departments

KEY ACTIVITY ST2	• **STD education to middle and high schools and colleges** • **Meet with college admission regarding education during orientation**
PARTNER(S) INCLUDED/ RESPONSIBLE	FSU, FAMU, TCC, Leon County middle and high schools
ANTICIPATED RESULT	Ensure 15-24 y/o are knowledgeable about all STDs
TARGET DATE	Middle and high schools: March 2019 through summer 2020
PERFORMANCE	Pretest/post-test # of participants

STATUS OF PROGRESS: Ongoing

ST2

PHYSICAL ACTIVITY

GOAL: Develop and promote cross-sector community walking for maintaining health and managing chronic disease
STRATEGY: To promote walking as a way of maintaining health and managing chronic disease with an annual walk hosted by cross-sector, community partners
OBJECTIVE: By May 31, 2019, join efforts to organize one cross-sector community walk engaging neighborhoods, schools, churches and businesses
INDICATOR(S): Number of participants
PARTNER AGENCIES: Tallahassee Memorial Health Care, Greater Bond Neighborhood, ECOP, CHIP Workgroup

KEY ACTIVITY PA1	**1. Develop recruitment materials** **2. Identify partners (schools, churches, businesses) to focus recruitment efforts for the community walk** **3. Develop educational and promotional materials** **4. Promote and recruit** **5. Execute community walk** **6. Assess and report on participation, results and feedback**
PARTNER(S) INCLUDED/	Tallahassee Memorial Health Care, Greater Bond Neighborhood, ECOP, CHIP Workgroup
ANTICIPATED	
TARGET DATE	9/8/18
PERFORMANCE MEASURE	1. Completed materials 2. Partners identified 3. Materials created 4. Number of registrants 5. Number of participants

STATUS OF PROGRESS: Ongoing

GOAL: Develop and promote cross-sector community walking for maintaining health and managing chronic disease
STRATEGY: To promote walking as a way of maintaining health and managing chronic disease with an annual walk hosted by cross-sector, community partners
OBJECTIVE: By December 31, 2022, hold one annual cross-sector community walk, increasing participation by 20% from previous year or 100% from baseline
INDICATOR(S): Number of participants
PARTNER AGENCIES: Tallahassee Memorial Health Care, Greater Bond Neighborhood, ECOP, CHIP Workgroup

KEY ACTIVITY PA2	**Repeat steps 1-6 in Key Activity PA1, increasing participation each year**
PARTNER(S) INCLUDED/	
ANTICIPATED	Successful annual walk with increased participation
TARGET DATE	December 2022
PERFORMANCE MEASURE	Number of participants increased 100% from baseline

STATUS OF PROGRESS: Ongoing

NUTRITION


Farmers Market
You are what you eat, so keep it REAL


Portion Distortion
What you're served
What's one serving
DID YOU KNOW?

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By December 31, 2018, asses current water/sugar-sweetened beverage consumption behaviors and organizational policies at two Title 1 Leon County schools
INDICATOR(S): Baseline data summary December 31.2018
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup

KEY ACTIVITY NU1	**Develop survey instrument and methodology to assess current water/sugar-sweetened beverage consumption behaviors and organizational policies**
PARTNER(S) INCLUDED/ RESPONSIBLE	CHIP Workgroup
ANTICIPATED RESULT	
TARGET DATE	June-August 2018
PERFORMANCE	Completed tool

STATUS OF PROGRESS: Ongoing

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By December 31, 2018, asses current water/sugar-sweetened beverage consumption behaviors and organizational policies at two Title 1 Leon County schools
INDICATOR(S): Baseline data summary December 31.2018
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup

KEY ACTIVITY NU2	**Identify two Title 1 Leon County schools for pilot**
PARTNER(S) INCLUDED/ RESPONSIBLE	CHIP Workgroup
ANTICIPATED	
TARGET DATE	January-March 2018
PERFORMANCE MEASURE	Two schools identified

STATUS OF PROGRESS: Complete, Bond Elementary and Oakridge Elementary identified.

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By December 31, 2018, asses current water/sugar-sweetened beverage consumption behaviors and organizational policies at two Title 1 Leon County schools
INDICATOR(S): Baseline data summary December 31.2018
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup

KEY ACTIVITY NU3	**Conduct survey and assessment**
PARTNER(S) INCLUDED/ RESPONSIBLE	CHIP Workgroup
ANTICIPATED RESULT	
TARGET DATE	August-October 2018
PERFORMANCE	Baseline data

STATUS OF PROGRESS: Completed. Environmental Scan of both schools done, review of wellness policies, meeting with teachers and admin, focus groups with students to assess current habits.

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By December 31, 2018, asses current water/sugar-sweetened beverage consumption behaviors and organizational policies at two Title 1 Leon County schools
INDICATOR(S): Baseline data summary December 31.2018
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup

KEY ACTIVITY NU4	**Compile results and prepare summary of baseline data**
PARTNER(S) INCLUDED/ RESPONSIBLE	CHIP Workgroup
ANTICIPATED RESULT	Understanding of current culture, practice and environment in relation to wellness policy
TARGET DATE	December 31, 2018
PERFORMANCE	Summary baseline report

STATUS OF PROGRESS: Completed. Same as above.

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By January 1, 2019, increase awareness about the consumption of sugar-sweetened beverages and its associated risk
INDICATOR(S): Education/Awareness Campaign Complete
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Member of Priority Area Workgroup

KEY ACTIVITY NU5	**Conduct literature review to:** • **Describe the impact of inadequate water consumption and heavy consumption of sugar-sweetened beverages** • **Identify model healthy beverage organizational/workplace policies** • **Identify model elementary classroom activities and events that educate and encourage healthy beverage consumption**
PARTNER(S) INCLUDED/ RESPONSIBLE	CHIP Workgroup
ANTICIPATED RESULT	Identify evidence-based campaign for use
TARGET DATE	August-October 2018
PERFORMANCE	Completed review and summary report

STATUS OF PROGRESS: Completed.

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By January 1, 2019, increase awareness about the consumption of sugar-sweetened beverages and its associated risk
INDICATOR(S): Education/Awareness Campaign Complete
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Member of Priority Area Workgroup

KEY ACTIVITY NU6	**Develop or purchase campaign and educational materials**
PARTNER(S) INCLUDED/	
ANTICIPATED	Procured materials
TARGET DATE	August-October 2018
PERFORMANCE MEASURE	Materials ready for use

STATUS OF PROGRESS: Completed. Happy Hydrators program developed.

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By January 1, 2019, increase awareness about the consumption of sugar-sweetened beverages and its associated risk
INDICATOR(S): Education/Awareness Campaign Complete
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Member of Priority Area Workgroup

KEY ACTIVITY NU7	**Design or purchase materials to conduct a "Reduce SB" challenge**
PARTNER(S) INCLUDED/	
ANTICIPATED	Procured materials
TARGET DATE	August-October 2018
PERFORMANCE MEASURE	Materials ready for use

STATUS OF PROGRESS: Completed. Happy Hydrators materials created and purchased.

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By January 1, 2019, increase awareness about the consumption of sugar-sweetened beverages and its associated risk
INDICATOR(S): Education/Awareness Campaign Complete
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Member of Priority Area Workgroup

KEY ACTIVITY NU8	**Execute education and campaign**
PARTNER(S) INCLUDED/ RESPONSIBLE	
ANTICIPATED RESULT	Increase awareness and knowledge
TARGET DATE	January 2019
PERFORMANCE	Increased knowledge and awareness

STATUS OF PROGRESS: Complete, Entire 3rd grade classes educated and experienced Happy Hydrators at both schools.

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By May 30, 2022, decrease the number of teachers, staff and students who consume one or more sugar-sweetened beverages per day by 10% each year or 40% from baseline
INDICATOR(S): Reduced consumption of SSB
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup

KEY ACTIVITY NU9	**Compile challenge results**
PARTNER(S) INCLUDED/	CHIP Workgroup
ANTICIPATED	Completed challenge with measurement
TARGET DATE	Completed March 31, 2019
PERFORMANCE	Pre/post survey

STATUS OF PROGRESS: Completed. Pre/Post Consumption surveys complete; however, it was determined that it is difficult for this age to do with accuracy.

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By May 30, 2022, decrease the number of teachers, staff and students who consume one or more sugar-sweetened beverages per day by 10% each year or 40% from baseline
INDICATOR(S): Reduced consumption of SSB
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup

KEY ACTIVITY NU10	**Evaluate findings from first year pilot**
PARTNER(S) INCLUDED/	
ANTICIPATED	Completed challenge with measurement
TARGET DATE	By August 2019, complete summary of campaign and challenge results from first year pilot
PERFORMANCE	

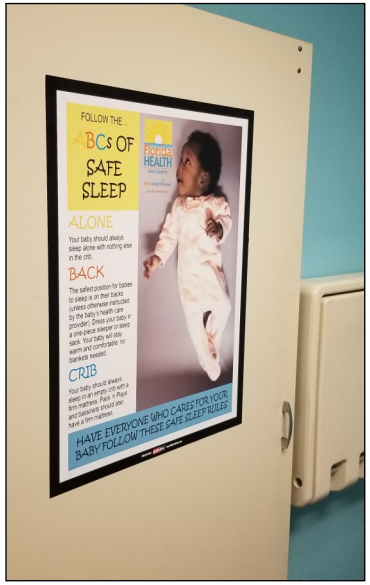
STATUS OF PROGRESS: Not sure this can be determined with survey tool used. Still analyzing data.

GOAL: To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools
STRATEGY: To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools
OBJECTIVE: By May 30, 2022, decrease the number of teachers, staff and students who consume one or more sugar-sweetened beverages per day by 10% each year or 40% from baseline
INDICATOR(S): Reduced consumption of SSB
PARTNER AGENCIES: TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup

KEY ACTIVITY NU11	**Revise as needed to execute in following years**
PARTNER(S) INCLUDED/ RESPONSIBLE	
ANTICIPATED RESULT	Completed challenge with measurement
TARGET DATE	By May 31, 2022, achieve 10% per year or 40% decrease from baseline in teachers, staff and students who consume one or more sugar-sweetened beverages per day
PERFORMANCE	Pre/post survey

STATUS OF PROGRESS: Same as above.

MATERNAL AND CHILD HEALTH



GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Develop a cross-sector communication initiative for women with the prime focus on having a healthy baby
OBJECTIVE: Reduce infant mortality within Leon County through partnerships with local Maternal and Child Health (MCH) organizations; aim is to develop media campaigns, workshops and MCH materials for the community by 2022
INDICATOR(S):
PARTNER AGENCIES: DOH-Leon, WIC, Healthy Start, Zeta Phi Beta, TMH, Healthy Babies, Stork's Nest Tallahassee

KEY ACTIVITY MC1	**Participate in health fairs/events organized by our partners that focus on creating awareness on maternal and child health. Educational materials like pamphlets will be distributed. These materials will be composed by DOH and partner agencies. Examples include: community baby showers, breastfeed walk, maternal child health equity community gathering.**
PARTNER(S) INCLUDED/ RESPONSIBLE	Zeta Phi Beta, Healthy Start, WIC, TMH, Stork's Nest
ANTICIPATED RESULT	• Participating women are educated on MCH initiatives with the aid of various demonstrations and educational materials • Distribution of infant products that further increase the knowledge of these women on infant health
TARGET DATE	January 2018-December 2022
PERFORMANCE	Participate in four outreach activities organized in collaboration with our partners to increase awareness on infant health

STATUS OF PROGRESS: Completed - Educational material focusing on safe sleep, breastfeeding and safe baby were shared along with safe sleep kits. Participated in following event:

- FAMU Grape Harvest Festival
- Community Baby Shower
- Maternal Child Health Equity Community Gathering
- Breastfeed Walk
- TMH Baby Fair
- MLK Dare to Dream Festival
- The Jason Foundation Gathering at FAMU

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Develop a cross-sector communication initiative for women with the prime focus on having a healthy baby
OBJECTIVE: Reduce infant mortality within Leon County through partnerships with local Maternal and Child Health (MCH) organizations; aim is to develop media campaigns, workshops and MCH materials for the community by 2022
INDICATOR(S):
PARTNER AGENCIES: DOH-Leon, WIC, Healthy Start, Zeta Phi Beta, TMH, Healthy Babies, Stork's Nest Tallahassee

KEY ACTIVITY MC2	**Conduct media campaigns that focus on creating awareness on MCH and educate women on infant health**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, Healthy Start, Healthy Baby, TMH, WIC
ANTICIPATED RESULT	Increase in the number of marketing materials available for educational purposes
TARGET DATE	January 2018-December 2022
PERFORMANCE	Four media campaigns will be completed during the designated period

STATUS OF PROGRESS: Ongoing - Working on developing a marketing campaign. It will be launched in April.

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Develop a cross-sector communication initiative for women with the prime focus on having a healthy baby
OBJECTIVE: Reduce infant mortality within Leon County through partnerships with local Maternal and Child Health (MCH) organizations; aim is to develop media campaigns, workshops and MCH materials for the community by 2022
INDICATOR(S):
PARTNER AGENCIES: DOH-Leon, WIC, Healthy Start, Zeta Phi Beta, TMH, Healthy Babies, Stork's Nest Tallahassee

KEY ACTIVITY MC3	**Partner with Healthy Start to get more exposure for the traveling crib. Traveling crib will help educate mothers on infant safe sleep rules. It will demonstrate how the crib should be prepared for the infant. It will be placed on**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, Healthy Start, Healthy Baby, TMH, WIC, Stork's Nest
ANTICIPATED RESULT	• Increase in the frequency and number of locations where crib will be displayed • Increase in the number of parents that are familiar with the safe sleep rules
TARGET DATE	September 2018-December 2022
PERFORMANCE	Four new facilities will be recruited for the traveling crib

STATUS OF PROGRESS: Ongoing - Hosted the traveling crib at two different facilities of DOH Leon County. Looking for more locations.

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Develop a cross-sector communication initiative for women with the prime focus on having a healthy baby
OBJECTIVE: Reduce infant mortality within Leon County through partnerships with local Maternal and Child Health (MCH) organizations; aim is to develop media campaigns, workshops and MCH materials for the community by 2022
INDICATOR(S):
PARTNER AGENCIES: DOH-Leon, WIC, Healthy Start, Zeta Phi Beta, TMH, Healthy Babies, Stork's Nest Tallahassee

KEY ACTIVITY MC4	**Organize infant CPR classes in coordination with our community partners to equip the attended with the skill set to administer CPR to infants in case of an emergency**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, Healthy Start, Healthy Baby, WIC, Stork's Nest
ANTICIPATED RESULT	• Increase in the frequency and number of locations where the CPR classes will be held • Increase in the number of parents that can administer CPR to an infant
TARGET DATE	September 2018-December 2018
PERFORMANCE	At least one infant CPR class will be held every quarter at different locations

STATUS OF PROGRESS: Ongoing - First CPR class was held in January at R&S and the second one in March at Orange Ave. The third class is scheduled for May at R&S.

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Educate women and our partners on the various maternal and child health services available within Leon County
OBJECTIVE: Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information
INDICATOR(S):
PARTNER AGENCIES: Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services

KEY ACTIVITY MC5	**Develop a strategy in coordination with community health equity partners that focuses on creating awareness in the community regarding the maternal and child health services available prior to pregnancy. Examples include: pamphlets available in the clinic with the required information, nutritional counseling provided to parents for their infants and educational sessions on breastfeeding.**
PARTNER(S) INCLUDED/ RESPONSIBLE	Educational Institutes, Healthy Start, WIC, Whole Child Leon, TMH
ANTICIPATED RESULT	Formulation of a baseline strategy that educates women and children on the available resources within the community
TARGET DATE	June 2018-December 2022
PERFORMANCE MEASURE	Increase WIC caseload by 2%

STATUS OF PROGRESS: Ongoing - Nutritional and Breastfeeding counselling is being provided through WIC. New informational resources are being distributed at WIC and outreach events. The marketing campaign will be focusing on increasing early enrollment in WIC.

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Educate women and our partners on the various maternal and child health services available within Leon County
OBJECTIVE: Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information
INDICATOR(S):
PARTNER AGENCIES: Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services

KEY ACTIVITY MC6	**Provide preconception trainings and workshops to women of reproductive age and the participating partners**
PARTNER(S) INCLUDED/ RESPONSIBLE	WIC, Healthy Start
ANTICIPATED RESULT	Able to identify organizations that can partner with the program to provide workshops for these women
TARGET DATE	June 2018-December 2022
PERFORMANCE MEASURE	Complete four community workshops in collaboration with our partners

STATUS OF PROGRESS: Ongoing - We are talking to our partner agencies on holding classes for prospective parents to educate them on healthy pregnancy, safe baby practices and the resources available to them.

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Educate women and our partners on the various maternal and child health services available within Leon County
OBJECTIVE: Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information
INDICATOR(S):
PARTNER AGENCIES: Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services

KEY ACTIVITY MC7	**Initiate the Reach Out and Read Program. This program helps children in developing improved language and reading skills. Books will be distributed to the WIC participants followed by a counseling session to the parents on why it is important to read aloud to their children and how best to look at books and talk about the stories with their infants**
PARTNER(S) INCLUDED/ RESPONSIBLE	WIC, Healthy Baby, DOH-Leon, Reach Out and Read Program, Ounce of Prevention
ANTICIPATED RESULT	• Increase in the number of parents that read to their children • Increase in the number of books distributed
TARGET DATE	September 2018-December 2022
PERFORMANCE MEASURE	Increase the number of books being distributed by 2% every year

STATUS OF PROGRESS: Ongoing - The program has been implemented and books are being distributed through WIC. So far, we have given out more than 250 books in less than 6 months. Our staff was trained on how to encourage parents to read and how it leads to language nutrition.

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Educate women and our partners on the various maternal and child health services available within Leon County
OBJECTIVE: Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information
INDICATOR(S):
PARTNER AGENCIES: Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services

KEY ACTIVITY MC8	**Conduct a collective impact research to study an association between infant mortality and having health insurance before and during pregnancy**
PARTNER(S) INCLUDED/ RESPONSIBLE	FSU COM, FSU PHP, DOH-Leon, FAMU
ANTICIPATED RESULT	Identification of barriers to prenatal care among white and black women in Leon County
TARGET DATE	August 2018-December 2022
PERFORMANCE	By the end of this period, four focus groups will be completed to collect data

STATUS OF PROGRESS: Ongoing - IRB was updated and recruitment strategies for focus groups are being implemented

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Educate women and our partners on the various maternal and child health services available within Leon County
OBJECTIVE: Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information
INDICATOR(S):
PARTNER AGENCIES: Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services

KEY ACTIVITY MC9	**Participate in Fetal and Infant Mortality Review (FIMR) and Child Abuse Death Review (CADR). These groups meeting monthly to review the cases. The purpose of these meetings is to analyze the leading causes of infant mortality and then devise strategies to overcome them.**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, Healthy Start, TMH, OBs, Health Examiner, EMS, Brehon Family Services
ANTICIPATED RESULT	Identify the leading causes of infant mortality and then devise strategies that can help decrease/eliminate these causes
TARGET DATE	June 2018-December 2022
PERFORMANCE MEASURE	Aim is to attend at least one meeting each month and then incorporate the findings in our strategic plan

STATUS OF PROGRESS: Ongoing - The meetings are held once a month and a representative from MCH Program attends them regularly.

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Educate women and our partners on the various maternal and child health services available within Leon County
OBJECTIVE: Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information
INDICATOR(S):
PARTNER AGENCIES: Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services

KEY ACTIVITY MC10	**Provide Safe Baby Training to parents who are expecting or already have infants on how to care for their babies. WIC staff will be trained to counsel the parents who enroll in WIC program. The program covers the following avenues: choosing a safe caregiver, coping with crying, safe sleep, water safety, car safety and choking risks.**
PARTNER(S) INCLUDED/ RESPONSIBLE	DOH-Leon, WIC, Healthy Start
ANTICIPATED RESULT	• Increase in the number of parents that are familiar with Safe Baby practices and environment • Increase in the number of staff being trained
TARGET DATE	November 2018-December 2022
PERFORMANCE MEASURE	Aim is to increase the number of DOH-Leon staff trained by 5% each year

STATUS OF PROGRESS: Ongoing - WIC staff was given the training on safe baby and they in turn educate the parents through pamphlets and other resources. We are in the process of developing a training program focused on safe baby to educate teen moms.

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Increasing the breastfeeding rates among mothers from 80% to 84% by educating them on the benefits of breastfeeding
OBJECTIVE: Reduce infant mortality rates in Leon County by encouraging mothers to breastfeed their infants. This could be achieved through outreach activities, counseling and promotion of breastfeeding policy.
INDICATOR(S):
PARTNER AGENCIES: DOH-Leon, WIC, TMH, Breastfeeding Coalition, Healthy Start, Healthy Baby, La Leche Breastfeeding Group

KEY ACTIVITY MC11	**Outreach and community events that focus on promoting the benefits of breastfeeding for the mother and the infant. Examples include African American Breastfeeding Week.**
PARTNER(S) INCLUDED/ RESPONSIBLE	WIC, La Leche Breastfeeding Group
ANTICIPATED RESULT	Increased awareness and knowledge on the benefits of breastfeeding among women
TARGET DATE	June 2018-December 2022
PERFORMANCE	Increase the breastfeeding rates among mothers by 2%

STATUS OF PROGRESS: Ongoing - Participated in following event:

- FAMU Grape Harvest Festival
- Community Baby Shower
- Maternal Child Health Equity Community Gathering
- Breastfeed Walk
- TMH Baby Fair
- MLK Dare to Dream Festival
- The Jason Foundation Gathering at FAMU

GOAL: Reduce infant mortality rate from 6.7 to 5 by 2022
STRATEGY: Increasing the breastfeeding rates among mothers from 80% to 84% by educating them on the benefits of breastfeeding
OBJECTIVE: Reduce infant mortality rates in Leon County by encouraging mothers to breastfeed their infants. This could be achieved through outreach activities, counseling and promotion of breastfeeding policy.
INDICATOR(S):
PARTNER AGENCIES: DOH-Leon, WIC, TMH, Breastfeeding Coalition, Healthy Start, Healthy Baby, La Leche Breastfeeding Group

KEY ACTIVITY MC12	**Provide trainings, workshops and support groups to new mothers on the practice of breastfeeding**
PARTNER(S) INCLUDED/ RESPONSIBLE	Healthy Baby, WIC, Healthy Start, TMH
ANTICIPATED RESULT	Increase in the practice of breastfeeding among new mothers
TARGET DATE	June 2018-December 2022
PERFORMANCE	Increase in the rate of breastfeeding among mothers by 2%

STATUS OF PROGRESS: Ongoing - Following trainings were provided:
- Annual Breastfeeding Training
- Grow and Glow Breastfeeding Training

MENTAL HEALTH

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Evaluate — Develop recent surveys, regional mental health data (CHNA, UWBB Stress Survey, TMH Mental Health Attitudes Survey) finding into a comprehensive evaluation of regional behavioral health strengths and weaknesses
OBJECTIVE: A — Collect and integrate the findings of recent studies and other data into a comprehensive report B — Modify the group's goals as necessary C — Present this report to the local community, health care stakeholders and elected officials D — Recommend a set of actions based on the report's findings
INDICATOR(S): Production of report (short term), improved behavioral health scores on community survey(s) (long term)
PARTNER AGENCIES: TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH1	**Collect and integrate the findings of recent studies and others into a comprehensive report**
PARTNER(S) INCLUDED/ RESPONSIBLE	Committee Members, particularly FSU, Apalachee, TMH, CRMC
ANTICIPATED RESULT	Outline of key findings
TARGET DATE	Accomplished
PERFORMANCE	Completed outline

STATUS OF PROGRESS: Completed

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Evaluate — Develop recent surveys, regional mental health data (CHNA, UWBB Stress Survey, TMH Mental Health Attitudes Survey) finding into a comprehensive evaluation of regional behavioral health strengths and weaknesses
OBJECTIVE: A — Collect and integrate the findings of recent studies and other data into a comprehensive report B — Modify the group's goals as necessary C — Present this report to the local community, health care stakeholders and elected officials D — Recommend a set of actions based on the report's findings
INDICATOR(S): Production of report (short term), improved behavioral health scores on community survey(s) (long term)
PARTNER AGENCIES:TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH2	**Development of comprehensive report**
PARTNER(S) INCLUDED/ RESPONSIBLE	FSU College of Medicine Center for Integrated Studies
ANTICIPATED RESULT	Final report
TARGET DATE	1/1/18 - Accomplished
PERFORMANCE	Completed Report

STATUS OF PROGRESS: Completed

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Evaluate — Develop recent surveys, regional mental health data (CHNA, UWBB Stress Survey, TMH Mental Health Attitudes Survey) finding into a comprehensive evaluation of regional behavioral health strengths and weaknesses
OBJECTIVE: A — Collect and integrate the findings of recent studies and other data into a comprehensive report B — Modify the group's goals as necessary C — Present this report to the local community, health care stakeholders and elected officials D — Recommend a set of actions based on the report's findings
INDICATOR(S): Production of report (short term), improved behavioral health scores on community survey(s) (long term)
PARTNER AGENCIES:TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH3	**Present this report to the local community, health care stakeholders and elected officials**
PARTNER(S) INCLUDED/	FSU College of Medicine Center for Integrated Studies, Apalachee Center, TMH, CRMC, Big Bend CBC, DOH-Leon
ANTICIPATED RESULT	Formal public presentation of report
TARGET DATE	1/31/18 - Accomplished
PERFORMANCE MEASURE	Community presentation of final report, including key stakeholders

STATUS OF PROGRESS: Completed

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Expand — Expand the available pool of professionals able to prescribe psychiatric medicine
OBJECTIVE: A — Support the current discussions between Apalachee, FSU and TMH regarding the development of a psychiatric residency program in Tallahassee B — Engage the FSU College of Nursing to discuss enhancement of opportunities to train and employ psychiatric ARNPs C — Develop a protocol linking non-prescriber mental health professionals with primary care physicians in order to maximize the availability of medication
INDICATOR(S): Increase in the availability of appointments for Leon County resident seeking psychiatric medication
PARTNER AGENCIES: TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH4	**Continue planning to develop a psychiatric residency program at FSU College of Medicine**
PARTNER(S) INCLUDED/ RESPONSIBLE	Apalachee Center, TMH, FSU
ANTICIPATED RESULT	Development of psychiatric residency program at FSU College of Medicine
TARGET DATE	1/1/19
PERFORMANCE	Existence of program
STATUS OF PROGRESS: Ongoing	

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Expand — Expand the available pool of professionals able to prescribe psychiatric medicine
OBJECTIVE: A — Support the current discussions between Apalachee, FSU and TMH regarding the development of a psychiatric residency program in Tallahassee B — Engage the FSU College of Nursing to discuss enhancement of opportunities to train and employ psychiatric ARNPs C — Develop a protocol linking non-prescriber mental health professionals with primary care physicians in order to maximize the availability of medication
INDICATOR(S): Increase in the availability of appointments for Leon County resident seeking psychiatric medication
PARTNER AGENCIES: TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH5	**Engage FSU College of Nursing in discussion of development of specialty psychiatric ARNP program**
PARTNER(S) INCLUDED/ RESPONSIBLE	Apalachee Center, TMH, CRMC, FSU
ANTICIPATED RESULT	Development of psychiatric ARNP specialty program at FSU College of Nursing
TARGET DATE	1/1/19 - Accomplished (ahead of schedule)
PERFORMANCE	Existence of program

STATUS OF PROGRESS: Completed

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Expand — Expand the available pool of professionals able to prescribe psychiatric medicine
OBJECTIVE: A — Support the current discussions between Apalachee, FSU and TMH regarding the development of a psychiatric residency program in Tallahassee B — Engage the FSU College of Nursing to discuss enhancement of opportunities to train and employ psychiatric ARNPs C — Develop a protocol linking non-prescriber mental health professionals with primary care physicians in order to maximize the availability of medication
INDICATOR(S): Increase in the availability of appointments for Leon County resident seeking psychiatric medication
PARTNER AGENCIES: TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH6	**Develop a protocol linking non-prescriber mental health professionals with primary care physicians**
PARTNER(S) INCLUDED/ RESPONSIBLE	Apalachee Center, TMH, CRMC, UWBB, Whole Child Leon
ANTICIPATED RESULT	Development of communitywide voluntary protocol guiding the linking of family and general practice docs with non-prescribers to facilitate access to psychiatric medication
TARGET DATE	6/30/18 - Ongoing
PERFORMANCE	Existence of protocol

STATUS OF PROGRESS: Ongoing

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Educate — Educate local communities about the availability and efficacy of non-prescriber professionals;
OBJECTIVE: A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers
INDICATOR(S): Increase in the utilization of non-prescriber mental health providers in Leon County
PARTNER AGENCIES: TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH7	**Develop an educational strategy to inform the public about the availability, benefits and success of mental health services**
PARTNER(S) INCLUDED/ RESPONSIBLE	Education Subcommittee (TMH, CRMC, NAMI-T, Apalachee Center)
ANTICIPATED RESULT	CEU offerings and public awareness campaign targeted to high-intensity neighborhoods regarding efficacy of non-prescriber mental health treatment
TARGET DATE	1/1/19 - Ongoing
PERFORMANCE	Increased utilization of non-prescriber mental health professionals

STATUS OF PROGRESS: Ongoing

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Educate — Educate local communities about the availability and efficacy of non-prescriber professionals;
OBJECTIVE: A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers
INDICATOR(S): Increase in the utilization of non-prescriber mental health providers in Leon County
PARTNER AGENCIES: TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH8	**Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment**
PARTNER(S) INCLUDED/ RESPONSIBLE	Education Subcommittee (TMH, CRMC, NAMI-T, Apalachee Center), Whole Child Leon, UWBB
ANTICIPATED RESULT	CEU offerings and public awareness campaign targeted to high-intensity neighborhoods regarding efficacy of non-prescriber mental health treatment
TARGET DATE	1/1/18 - Accomplished
PERFORMANCE	Increased utilization of non-prescriber mental health professionals

STATUS OF PROGRESS: Completed

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Educate — Educate local communities about the availability and efficacy of non-prescriber professionals;
OBJECTIVE: A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers
INDICATOR(S): Increase in the utilization of non-prescriber mental health providers in Leon County
PARTNER AGENCIES: TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH9	**Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers**
PARTNER(S) INCLUDED/ RESPONSIBLE	Apalachee Center, FSU, UWBB
ANTICIPATED RESULT	Creation of ongoing mental health professional database
TARGET DATE	6/30/18 - Accomplished (ahead of schedule)
PERFORMANCE	Increased public awareness of mental health services

STATUS OF PROGRESS: Completed

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Educate — Educate local communities about the availability and efficacy of non-prescriber professionals;
OBJECTIVE: A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers
INDICATOR(S): Increase in the utilization of non-prescriber mental health providers in Leon County
PARTNER AGENCIES: TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH10	**Develop an educational strategy to inform the public about the availability, benefits and success of mental health services**
PARTNER(S) INCLUDED/ RESPONSIBLE	Education Subcommittee (TMH, CRMC, NAMI-T, Apalachee Center)
ANTICIPATED RESULT	CEU offerings and public awareness campaign targeted to high-intensity neighborhoods regarding the efficacy of non-prescriber mental health treatment
TARGET DATE	1/1/18 - Accomplished
PERFORMANCE	Increased utilization of non-prescriber mental health professionals

STATUS OF PROGRESS: Video clips produced and ready for distribution, planning events for high impact neighborhoods.

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Educate — Educate local communities about the availability and efficacy of non-prescriber professionals;
OBJECTIVE: A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers
INDICATOR(S): Increase in the utilization of non-prescriber mental health providers in Leon County
PARTNER AGENCIES: TMH, CRMC, Apalachee Center, NAMI-Tallahassee, FSU, FAMU, UWBB, Whole Child Leon

KEY ACTIVITY MH11	**Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment**
PARTNER(S) INCLUDED/ RESPONSIBLE	Education Subcommittee (TMH, CRMC, NAMI-T, Apalachee Center), Whole Child Leon, UWBB
ANTICIPATED RESULT	CEU offerings and public awareness campaign targeted to high-intensity neighborhoods regarding efficacy of non-prescriber mental health treatment
TARGET DATE	1/1/18 - Accomplished
PERFORMANCE	Increased utilization of non-prescriber mental health professionals

STATUS OF PROGRESS: Accomplished and ongoing – developing CEU event in collaboration with TMH and 12 Oaks, working with TPCA to develop non-prescriber/PCP linkage form.

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Engage — Engage identified high behavioral health intensity communicates within Leon County to develop a concentrated, community sensitivity and sustainable response to observed high-need areas
OBJECTIVE: A — Identify key stakeholders in targeted high-intensity communities B — Engage stakeholders to develop a plan for community engagement in order to publicize the need health services C — Develop a plan to expand and/or create necessary access to services in high-intensity communities
INDICATOR(S): Increase in the utilization of mental health services in high-intensity communities; decrease in reported survey scores regarding mental health issue to at or below national norms
PARTNER AGENCIES: FSU, FAMU, Apalachee, TMH, CRMC, NAMI-T, Whole Child Leon

KEY ACTIVITY MH12	**Identify key stakeholders in targeted high-intensity communities, including churches and community groups**
PARTNER(S) INCLUDED/ RESPONSIBLE	FSU, FAMU, Apalachee, TMH, CRMC, NAMI-T, Whole Child Leon
ANTICIPATED RESULT	Inclusion of community stakeholders in Engagement Committee
TARGET DATE	12/1/17 - Accomplished
PERFORMANCE	Roster of Engagement Committee

STATUS OF PROGRESS: Accomplished

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Engage — Engage identified high behavioral health intensity communicates within Leon County to develop a concentrated, community sensitivity and sustainable response to observed high-need areas
OBJECTIVE: A — Identify key stakeholders in targeted high-intensity communities B — Engage stakeholders to develop a plan for community engagement in order to publicize the need health services C — Develop a plan to expand and/or create necessary access to services in high-intensity communities
INDICATOR(S): Increase in the utilization of mental health services in high-intensity communities; decrease in reported survey scores regarding mental health issue to at or below national norms
PARTNER AGENCIES: FSU, FAMU, Apalachee, TMH, CRMC, NAMI-T, Whole Child Leon

KEY ACTIVITY MH13	**Engage with stakeholders to develop a plan for community engagement in order to publicize the need and behavioral health services**
PARTNER(S) INCLUDED/ RESPONSIBLE	FSU, FAMU, Apalachee, TMH, CRMC, NAMI-T, Whole Child Leon, identified community stakeholders
ANTICIPATED RESULT	Development of neighborhood-specific strategies for community engagement in high-intensity neighborhoods
TARGET DATE	6/1/18 - Ongoing
PERFORMANCE	Strategic behavioral health plans designed for each neighborhood

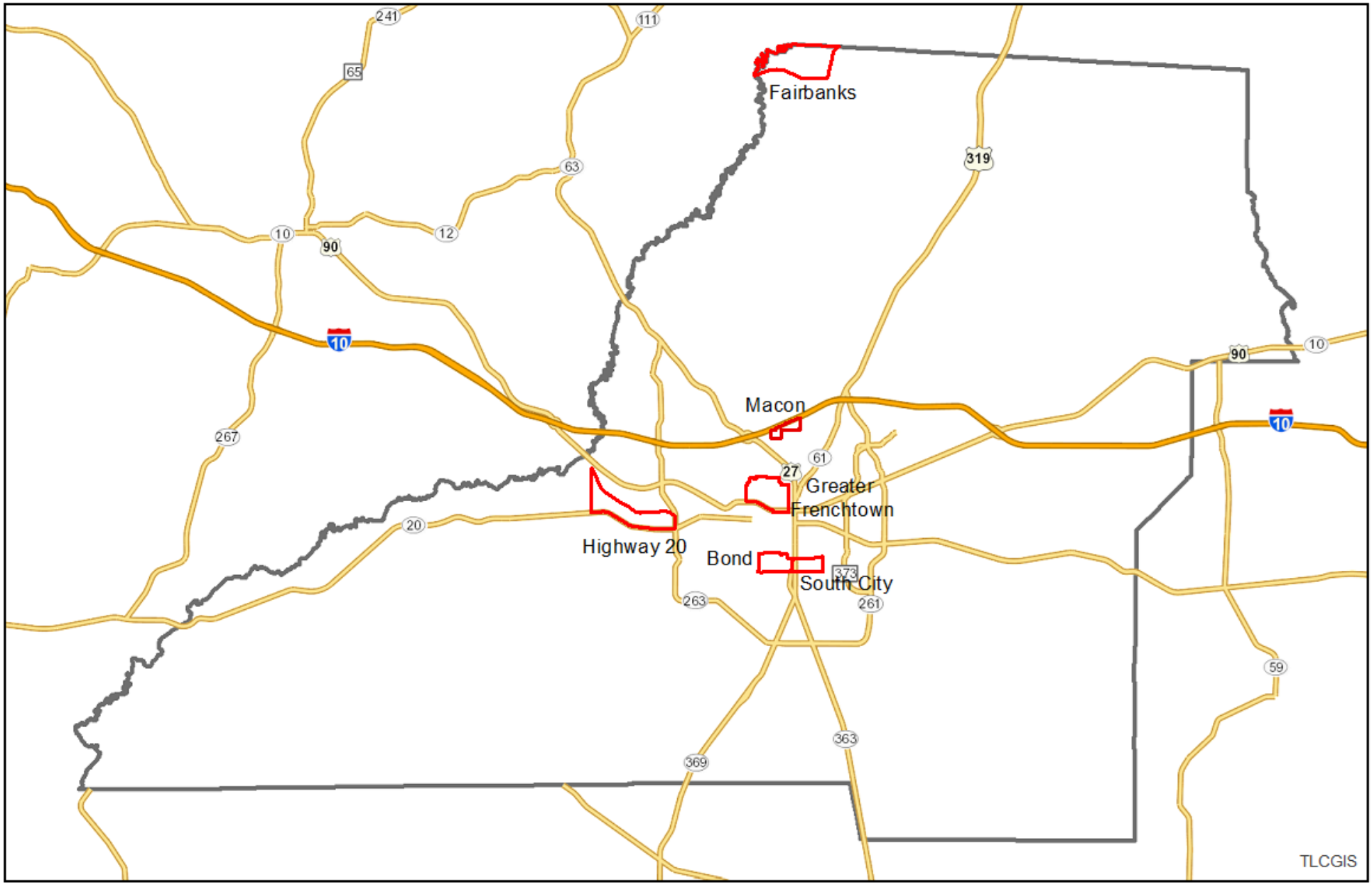
STATUS OF PROGRESS: Ongoing – planning for 2nd Annual Be Kind To Your Mind Community Health Fair.

GOAL: To improve mental health outcomes for residents of Leon County
STRATEGY: Engage — Engage identified high behavioral health intensity communicates within Leon County to develop a concentrated, community sensitivity and sustainable response to observed high-need areas
OBJECTIVE: A — Identify key stakeholders in targeted high-intensity communities B — Engage stakeholders to develop a plan for community engagement in order to publicize the need health services C — Develop a plan to expand and/or create necessary access to services in high-intensity communities
INDICATOR(S): Increase in the utilization of mental health services in high-intensity communities; decrease in reported survey scores regarding mental health issue to at or below national norms
PARTNER AGENCIES: FSU, FAMU, Apalachee, TMH, CRMC, NAMI-T, Whole Child Leon

KEY ACTIVITY MH14	**Develop a plan to expand and/or create necessary access to services in high-intensity communities**
PARTNER(S) INCLUDED/ RESPONSIBLE	FSU, FAMU, Apalachee, TMH, CRMC, NAMI-T, Whole Child Leon, identified community stakeholders
ANTICIPATED RESULT	Proposal to funding agencies and mental health service providers to expand services as necessary and appropriate in target neighborhoods
TARGET DATE	12/30/18 - Ongoing
PERFORMANCE	Submission of proposal to identified agencies

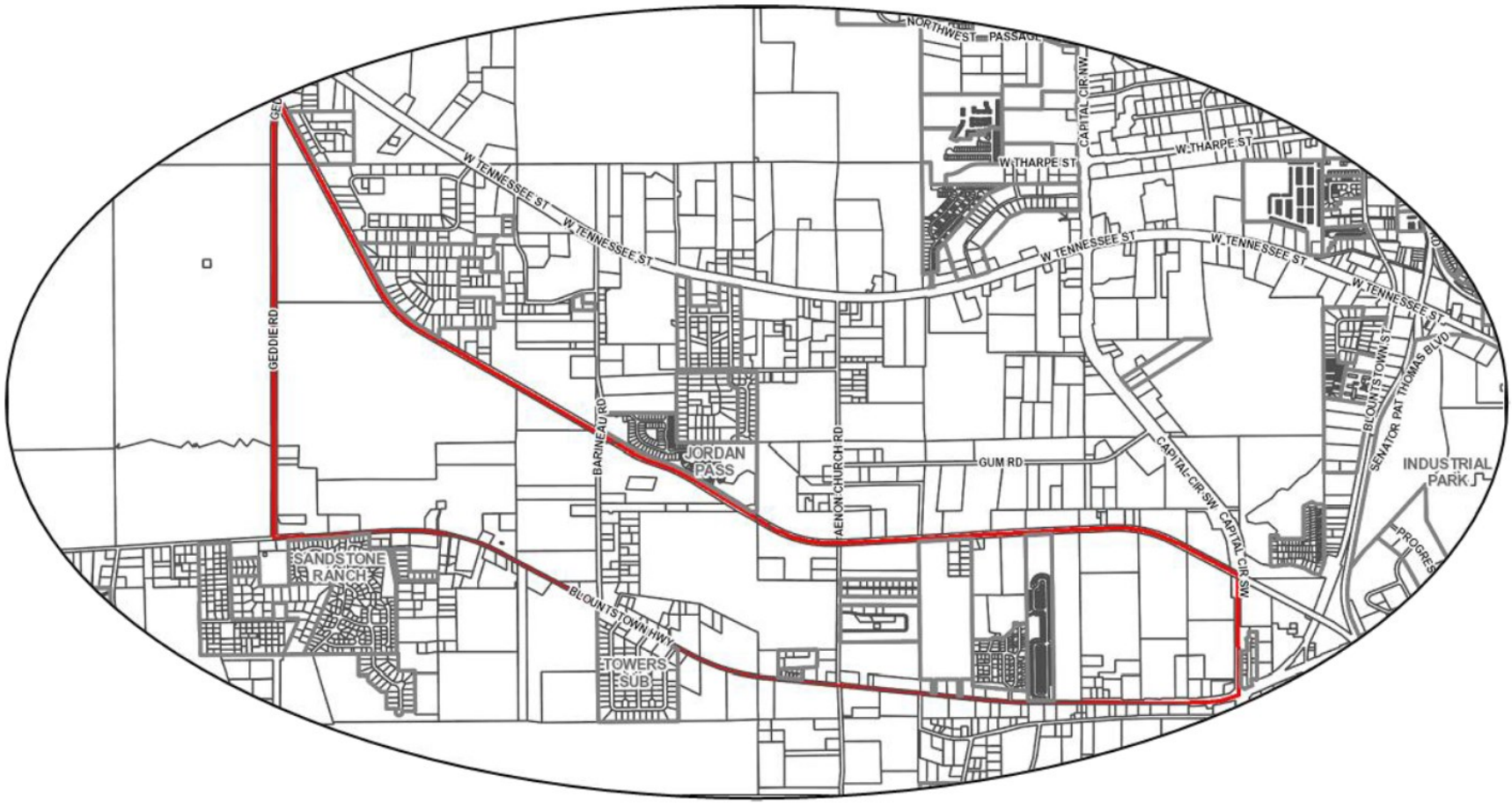
STATUS OF PROGRESS: Mental Health Services currently available at NHC; Bond Community Health Center; Care Point partnership with Apalachee, and Bethel partnership with Apalachee (in progress).

Community Health Assessment
Target Areas



Highway 20

Neighborhood Health Profile



HIGHWAY 20

Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

	Florida	Leon County	Block Group 4, Census Tract 27.01
POPULATION			
Total Population	19,934,451	284,788	1,011
AGE & SEX			
Persons under 18 years, percent	20.4%	18.8%	22.6%
Persons Ages 18-64 years, percent	60.6%	69.8%	72.5%
Persons 65 years and over, percent	19.1%	11.3%	4.9%
Median age	41.6	30.3	31.8
Male Persons, Percent	48.9%	47.6%	34.1%
Female Persons, Percent	51.1%	52.4%	65.9%
RACE & ETHNICITY			
White alone	75.9%	62.1%	56.8%
Black or African American alone	16.1%	31.2%	38.7%
Not Hispanic or Latino	75.9%	93.9%	88.1%
Hispanic or Latino	24.1%	6.1%	11.9%
EDUCATIONAL ATTAINMENT			
No Diploma	12.8%	7.4%	19.0%
High school diploma and GED	29.2%	18.6%	34.5%
Some College	20.6%	19.6%	33.9%
Associate	9.6%	9.2%	4.2%
Bachelor's	17.8%	25.4%	8.4%
Graduate or Professional	10.0%	19.8%	0.0%
INCOME & POVERTY			
Median household income	$48,900	$48,248	$27,348
Income in the past 12 months below poverty level	16.1%	21.3%	20.7%
HOUSING			
Housing Units	9,152,815	126,658	451
Occupied	80.8%	87.7%	81.4%
Vacant	19.2%	12.3%	18.6%
Owner occupied	64.8%	52.2%	27.0%
Renter occupied	35.2%	47.8%	73.0%
HEALTH INSURANCE			
All Uninsured Civilian Noninstitutionalized Population	16.4%	10.2%	17.3%
Uninsured Children Under 18 Years	8.9%	5.2%	8.3%
Uninsured Adults Ages 18 - 64 Years	23.6%	13.1%	21.4%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

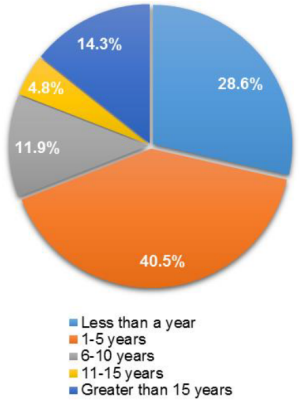
HIGHWAY 20

Community Health Assessment Results

On March 12, 2016, the Neighborhood Health Survey was conducted in the Highway 20 neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administered door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **42** surveys were collected from the neighborhood. Both males and females comprised of half of the respondents. Majority (71.5%) of the respondents lived in the neighborhood for at least a year.

LENGTH OF TIME IN THE NEIGHBORHOOD



RESPONDENTS DEMOGRAPHICS

AGE (YEARS)

18-24	**12.5%**
25-34	**32.5%**
35-44	**20.0%**
45-54	**12.5%**
55-64	**15.0%**
65+	**7.5%**

SEX

Male	**50.0%**
Female	**50.0%**

RACE/ETHNICITY

White	**57.9%**
Black or African American	**34.2%**
Other Race	**7.9%**
Hispanic (all races)	**25.0%**
Non-Hispanic	**75.0%**

MARITAL STATUS

Single, never married	**61.2%**
Married	**16.3%**
Divorced	**14.3%**
Widowed	**6.1%**
Separated	**0.0%**
In a relationship or an unmarried couple	**2.0%**

EDUCATIONAL ATTAINMENT

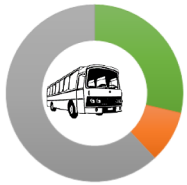
Less than a High School	**18.0%**
High School Degree or GED	**40.0%**
Some college or technical school	**32.0%**
Undergraduate	**8.0%**
Graduate or Professional Degree	**2.0%**

HIGHWAY 20

Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

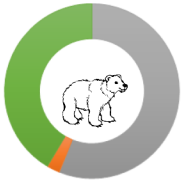
HAVE ACCESS TO **PUBLIC TRANSPORTATION** IN THE NEIGHBORHOOD



28.6%

Said "Yes"

HAVE **ROAMING/STRAY ANIMALS** THEIR NEIGHBORHOOD



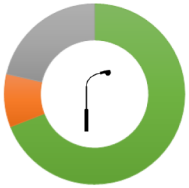
41.5%

Said "Yes"

22%

Said "Bears"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT



69.0%

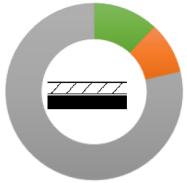
Said "Yes"

FEEL SAFE IN THEIR NEIGHBORHOOD

95.2%

Said "Yes"

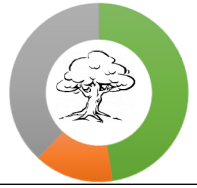
HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



11.9%

Said "Yes"

HAVE **PARKS, WALKING TRAILS, BIKE PATHS** OR **OTHER RECREATION AREAS** IN THEIR NEIGHBORHOOD



31.8%

Said "Yes"

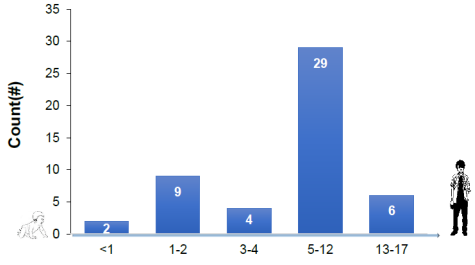
HIGHWAY 20

Children's Concerns

50% *Are parents and the head of households or responsible for the children's care.*

(21 out of 42)

AGE OF RESPONDENT'S CHILDREN



SUGGESTIONS OF **PROGRAMS OR SERVICES** TO IMPROVE THE HEALTH OR LEARNING OF THEIR CHILDREN

- Daycare Close By
- In-Home Speech Therapy
- Rec center for Kids (Pool)
- More Parks, Safe Environment
- School Tutoring for Middle and High School Students
- Magnet Program and Specialized Programs
- Art and Sports
- More Outdoor Activities Like Gardening

PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

14.3%

Said "Yes"

BELIEVE THEIR CHILDREN HAVE GOOD **HEALTH CARE** AND **DENTAL CARE**

81.0%

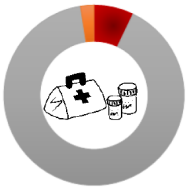
Said "Yes"

HIGHWAY 20

Access to Care

HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

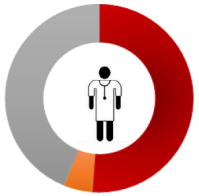
DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



7.1%

Said "Yes"

HAVE PERSONAL DOCTOR OR HEALTH CARE PROVIDER



62.5%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

MOST COMMON PLACES TO SEE A DOCTOR

Count (#)	
13	Doctor's office or other provider's office
12	Emergency Room
5	Urgent Care
3	Bond Community Center

SAW A DOCTOR FOR A ROUTINE CHECKUP

73.8%

Within the past year

Lower than the 2016 BRFSS: Leon-80.4%

SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

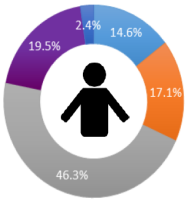
41.5%

Within the past year

HIGHWAY 20

Health and Wellbeing

SELF-RATED HEALTH STATUS

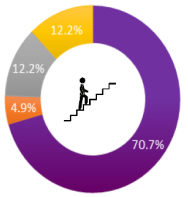


21.9%

"Fair" or "Poor"

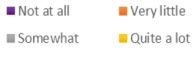
Higher than the 2016 BRFSS: Leon-14.1%

PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES

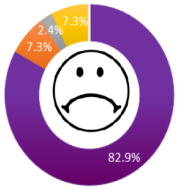


24.4%

"Somewhat "or "Quite a lot"



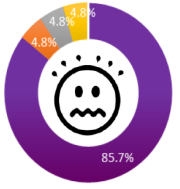
FELT SO SAD OR DEPRESSED



9.7%

"Moderately" or "Quite a lot"

FELT SO ANXIOUS OR NERVOUS



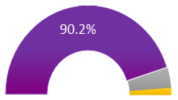
9.6%

"Moderately" or "Quite a lot"

HEARD VOICES THAT WERE SO DISTURBING THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY

7.3%

"Moderately"



2.4%

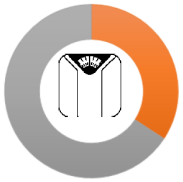
"Quite A lot"

HIGHWAY 20

Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

OVERWEIGHT/OBESITY



34.2%

Are overweight or obese

Lower than the 2016 BRFSS: Leon-64.2%

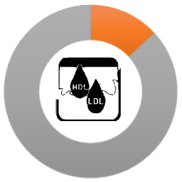
HIGH BLOOD PRESSURE

18.4%

Have high blood pressure/ hypertension

Lower than the 2013 BRFSS: Leon-25.8%

HIGH CHOLESTEROL



13.8%

Have high cholesterol

Lower than the 2013 BRFSS: Leon-27.5%

SWELLING / INFLAMMATION OF JOINTS

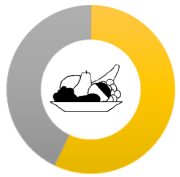
10.5%

Have swelling / inflammation of joints

HIGHWAY 20

Health-Related Behaviors

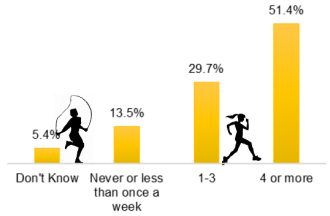
EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY



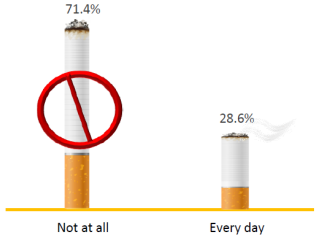
57.1%

Said "Yes"

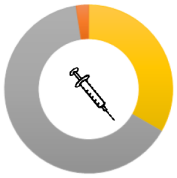
PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES



SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)



HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE



33.3%

Said "Yes"

Higher than the 2016 BRFSS: Leon-41.0%

HAD A CLINICAL BREAST EXAM

70.8%

Said "Yes"

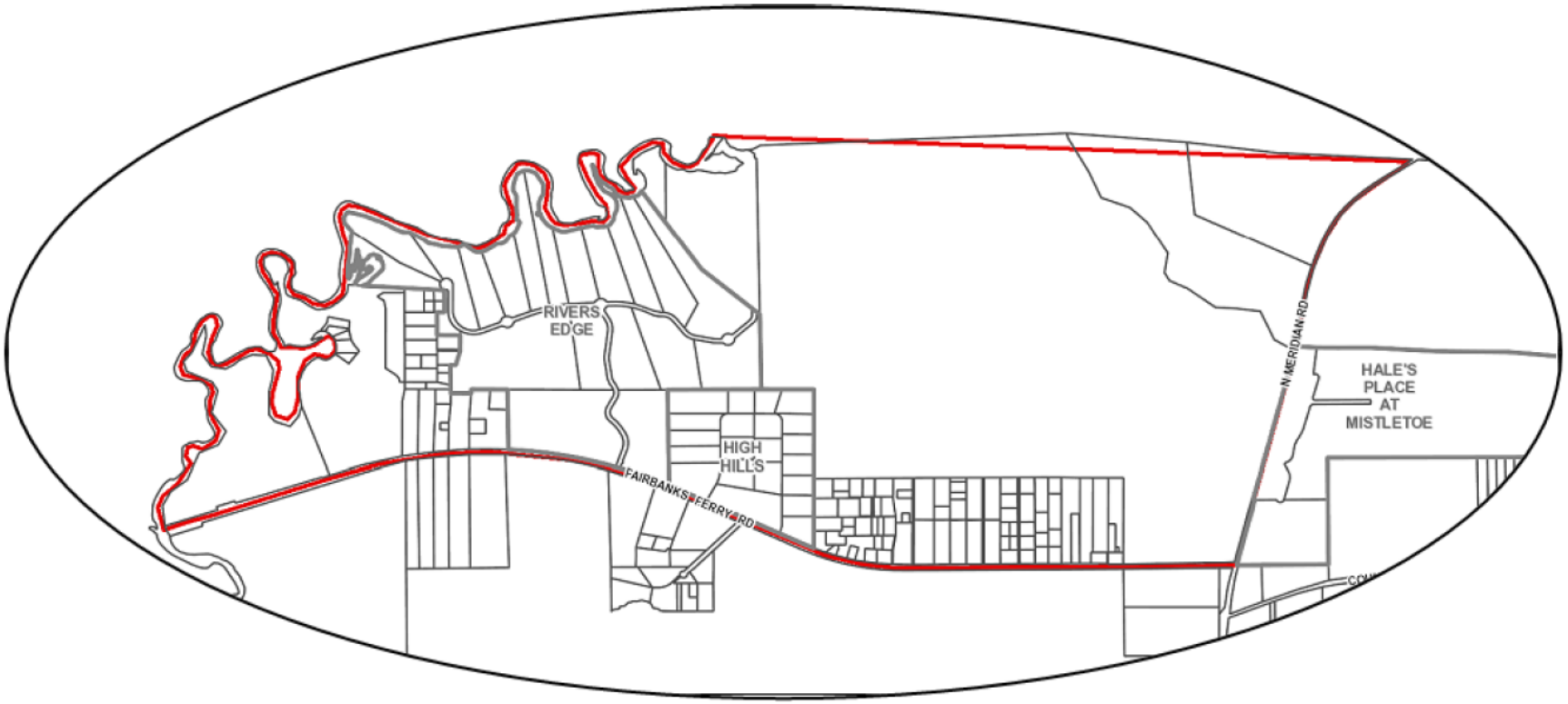
Higher than the 2013 BRFSS: Leon-68.7%

TOP PERSONAL HEALTH ISSUES

- DIET/WEIGHT/EXERCISE
- HIGH BLOOD PRESSURE
- DIABETES

Fairbanks Ferry

Neighborhood Health Profile



FAIRBANKS FERRY

Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

	Florida	Leon County	Block Group 2, Census Tract 23.02
POPULATION			
Total Population	19,934,451	284,788	1,216
AGE & SEX			
Persons under 18 years, percent	20.4%	18.8%	18.1%
Persons Ages 18-64 years, percent	60.6%	69.8%	69.3%
Persons 65 years and over, percent	19.1%	11.3%	12.6%
Median age	41.6	30.3	49.9
Male Persons, Percent	48.9%	47.6%	49.8%
Female Persons, Percent	51.1%	52.4%	50.2%
RACE & ETHNICITY			
White alone	75.9%	62.1%	61.8%
Black or African American alone	16.1%	31.2%	28.9%
Not Hispanic or Latino	75.9%	93.9%	99.4%
Hispanic or Latino	24.1%	6.1%	0.6%
EDUCATIONAL ATTAINMENT			
No Diploma	12.8%	7.4%	14.5%
High school diploma and GED	29.2%	18.6%	40.6%
Some College	20.6%	19.6%	15.9%
Associate	9.6%	9.2%	4.6%
Bachelor's	17.8%	25.4%	13.1%
Graduate or Professional	10.0%	19.8%	11.3%
INCOME & POVERTY			
Median household income	$48,900	$48,248	$78,640
Income in the past 12 months below poverty level	16.1%	21.3%	7.0%
HOUSING			
Housing Units	9,152,815	126,658	460
Occupied	80.8%	87.7%	94.6%
Vacant	19.2%	12.3%	5.4%
Owner occupied	64.8%	52.2%	83.4%
Renter occupied	35.2%	47.8%	16.6%
HEALTH INSURANCE			
All Uninsured Civilian Noninstitutionalized Population	16.4%	10.2%	8.9%
Uninsured Children Under 18 Years	8.9%	5.2%	0.0%
Uninsured Adults Ages 18 - 64 Years	23.6%	13.1%	12.8%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

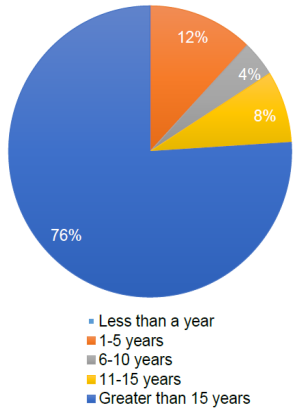
FAIRBANKS FERRY

Community Health Assessment Results

On February 27, 2016, the Neighborhood Health Survey was conducted in the Fairbanks neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administrated door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **25** surveys were collected from the neighborhood. About 52% of the respondents were female and 48% male. Most (86.9%) of the respondents were older than the age 34. All the respondents lived in the neighborhood for at least a year.

LENGTH OF TIME IN THE NEIGHBORHOOD



RESPONDENTS DEMOGRAPHICS

AGE (YEARS)

18-24	**4.3%**
25-34	**8.7%**
35-44	**4.3%**
45-54	**26.1%**
55-64	**34.8%**
65+	**21.7%**

SEX

Male	**48.0%**
Female	**52.0%**

RACE/ETHNICITY

White	**8.3%**
Black or African American	**91.7%**
Non-Hispanic	**100.0%**

MARITAL STATUS

Single, never married	**20.0%**
Married	**44.0%**
Divorced	**24.0%**
Widowed	**12.0%**
Separated	**0.0%**
In a relationship or An unmarried couple	**0.0%**

EDUCATIONAL ATTAINMENT

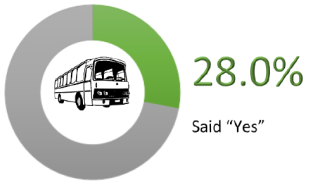
Less than a High School	**12.5%**
High School Degree or GED	**41.7%**
Some college or technical school	**29.2%**
Bachelor's Degree	**8.3%**
Graduate or Professional Degree	**8.3%**

FAIRBANKS FERRY

Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

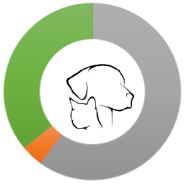
HAVE ACCESS TO **PUBLIC TRANSPORTATION** IN THE NEIGHBORHOOD



28.0%

Said "Yes"

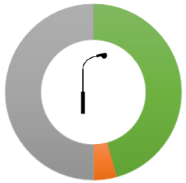
HAVE **ROAMING/STRAY ANIMALS** THEIR NEIGHBORHOOD



36.0%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT



45.8%

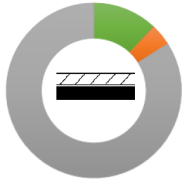
Said "Yes"

FEEL SAFE IN THEIR NEIGHBORHOOD

88.0%

Said "Yes"

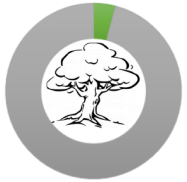
HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



12.0%

Said "Yes"

HAVE **PARKS, WALKING TRAILS, BIKE PATHS OR OTHER RECREATION AREAS** IN THEIR NEIGHBORHOOD



4.0%

Said "Yes"

FAIRBANKS FERRY

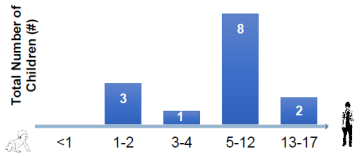
Children's Concerns

5%

(5 out of 25)

Are parents and the head of households or responsible for the children's care.

AGE OF RESPONDENT'S CHILDREN



PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

40.0%

Said "Yes"

WHY?

Fairbanks Ferry Road

"I don't know the kind of people in the community that will harm her."

SUGGESTIONS OF **PROGRAMS OR SERVICES** TO IMPROVE THE HEALTH OR LEARNING OF THEIR CHILDREN

- After school activities

BELIEVE THEIR CHILDREN HAVE GOOD **HEALTH CARE** AND **DENTAL CARE**

100%

Said "Yes"

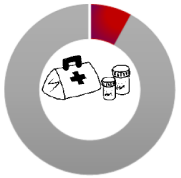
FAIRBANKS FERRY

Access to Care

HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

Uninsured	1
Private Insurance-Employer	7
Private Insurance-Purchased Directly	2
Medicare	6
Medicaid	5
VA	1
Other	7

DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



8.0%

Said "Yes"

HAVE PERSONAL DOCTOR OR HEALTH CARE PROVIDER

70.8%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

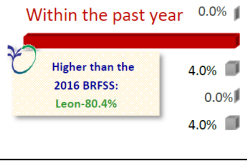
MOST COMMON PLACE TO SEE A DOCTOR

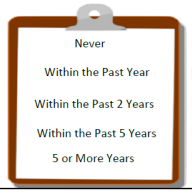
Count (#)

17 Doctor's office or other provider's office

SAW A DOCTOR FOR A ROUTINE CHECKUP

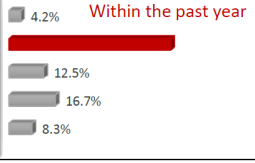
92.0%





SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

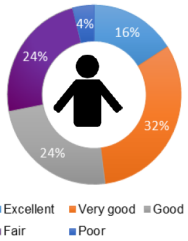
58.3%



FAIRBANKS FERRY

Health and Wellbeing

SELF-RATED HEALTH STATUS

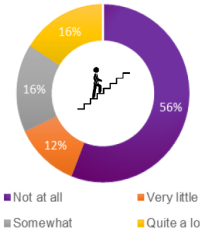


28.0%

"Fair" or "Poor"

Higher than the 2016 BRFSS: Leon-14.1%

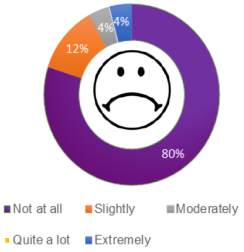
PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES



32.0%

"Somewhat "or "Quite a lot"

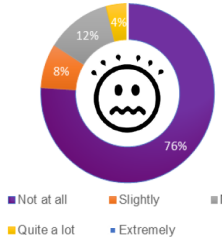
FELT SO SAD OR DEPRESSED



8.0%

"Quite a lot" or "Extremely"

FELT SO ANXIOUS OR NERVOUS



16.0%

"Moderately" or "Quite a lot"

HEARD VOICES THAT WERE SO DISTURBING THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY

100%

"Not at all"

FAIRBANKS FERRY

Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

HIGH BLOOD PRESSURE

52.0%

Have high blood pressure/ hypertension

Higher than the 2013 BRFSS: Leon-25.8%

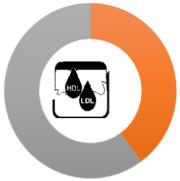
DIABETES

48.0%

Have diabetes

Higher than the 2016 BRFSS: Leon-10.5%

HIGH CHOLESTEROL



40.0%

Have high cholesterol

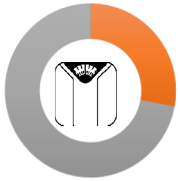
Higher than the 2013 BRFSS: Leon-27.5%

ARTHRITIS

36.0%

Have arthritis

OVERWEIGHT/OBESITY



28.0%

Are overweight or obese

Lower than the 2016 BRFSS: Leon-64.2%

SWELLING / INFLAMMATION OF JOINTS

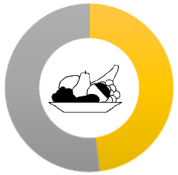
20.0%

Have swelling / inflammation of joints

FAIRBANKS FERRY

Health-Related Behaviors

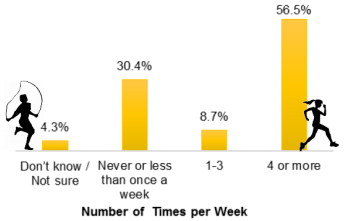
EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY



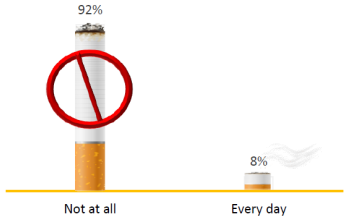
48.0%

Said "Yes"

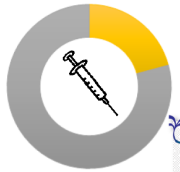
PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES



SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)



HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

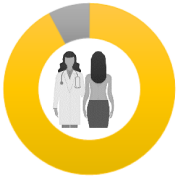


20.8%

Said "Yes"

Lower than the 2016 BRFSS: Leon-41.0%

HAD A CLINICAL BREAST EXAM



92.3%

Said "Yes"

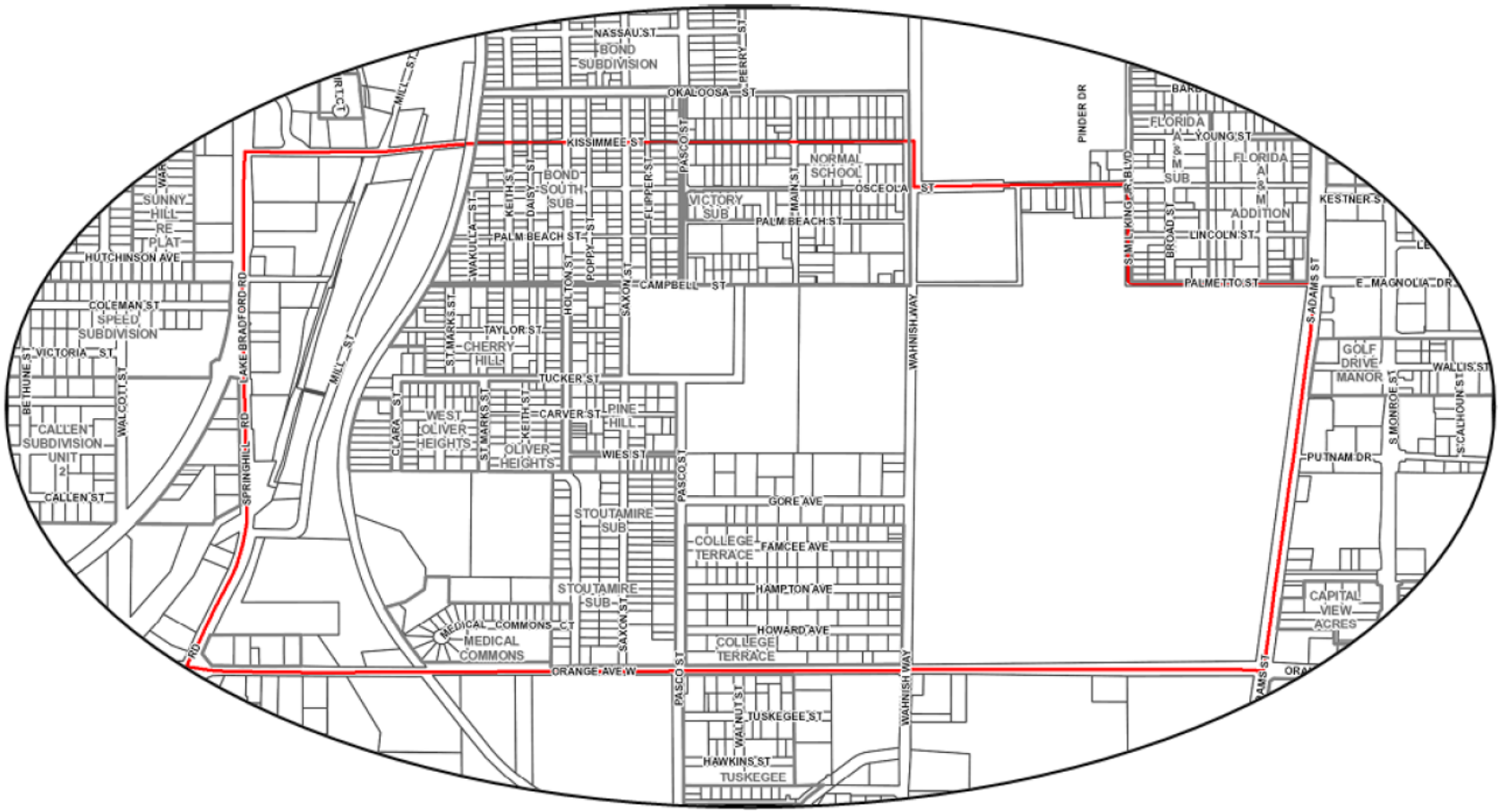
Higher than the 2013 BRFSS: Leon-68.7%

TOP PERSONAL HEALTH ISSUES

- HIGH BLOOD PRESSURE
- DIABETES
- ARTHRITIS
- DIET/WEIGHT/EXERCISE

Bond

Neighborhood Health Profile



BOND

Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

	Florida	Leon County	11.01
POPULATION			
Total Population	19,934,451	284,788	2,611
AGE & SEX			
Persons under 18 years, percent	20.4%	18.8%	18.6%
Persons Ages 18-64 years, percent	60.6%	69.8%	73.6%
Persons 65 years and over, percent	19.1%	11.3%	7.8%
Median age	41.6	30.3	20.7
Male Persons, Percent	48.9%	47.6%	40.0%
Female Persons, Percent	51.1%	52.4%	60.0%
RACE & ETHNICITY			
White alone	75.9%	62.1%	11.0%
Black or African American alone	16.1%	31.2%	85.0%
Not Hispanic or Latino	75.9%	93.9%	94.0%
Hispanic or Latino	24.1%	6.1%	6.0%
EDUCATIONAL ATTAINMENT			
No Diploma	12.8%	7.4%	22.2%
High school diploma and GED	29.2%	18.6%	22.5%
Some College	20.6%	19.6%	22.9%
Associate	9.6%	9.2%	7.0%
Bachelor's	17.8%	25.4%	17.2%
Graduate or Professional	10.0%	19.8%	8.2%
INCOME AND POVERTY			
Median household income	$48,900	$48,248	$20,500
Income in the past 12 months below poverty level	16.1%	21.3%	48.3%
HOUSING			
Housing Units	9,152,815	126,658	951
Occupied	80.8%	87.7%	75.5%
Vacant	19.2%	12.3%	24.5%
Owner occupied	64.8%	52.2%	29.1%
Renter occupied	35.2%	47.8%	70.9%
HEALTH INSURANCE			
All Uninsured Civilian Noninstitutionalized Population	16.4%	10.2%	6.2%
Uninsured Children Under 18 Years	8.9%	5.2%	3.1%
Uninsured Adults Ages 18 - 64 Years	23.6%	13.1%	7.6%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

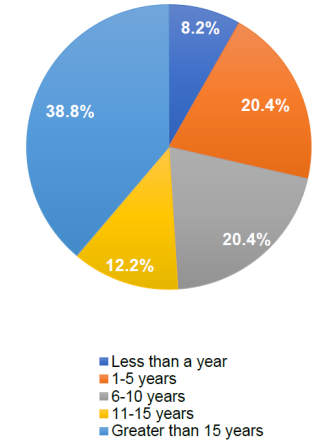
BOND

Community Health Assessment Results

On March 5, 2016, the Neighborhood Health Survey was conducted in the Bond neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administrated door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **51** surveys were collected from the neighborhood. Most (60.8%) of the respondents were female. Majority (91.8%) of the respondents lived in the neighborhood for at least a year.

LENGTH OF TIME IN THE NEIGHBORHOOD



RESPONDENTS DEMOGRAPHICS

AGE (YEARS)

18-24	**9.8%**
25-34	**11.8%**
35-44	**21.6%**
45-54	**17.6%**
55-64	**19.6%**
65+	**19.6%**

SEX

Male	**39.2%**
Female	**60.8%**

RACE/ETHNICITY

White	**0.0%**
Black or African American	**95.9%%**
Other	**4.1%**
Hispanic	**2.1%**
Non-Hispanic	**97.9%**

MARITAL STATUS

Single, never married	**54.9%**
Married	**17.6%**
Divorced	**11.8%**
Widowed	**11.8%**
Separated	**2.0%**
In a relationship or an unmarried couple	**2.0%**

EDUCATIONAL ATTAINMENT

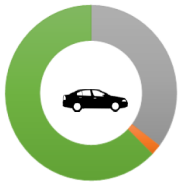
Less than a High School	**33.3%**
High School Degree or GED	**27.5%**
Some college or technical school	**21.6%**
Undergraduate	**7.8%**
Graduate or Professional Degree	**9.8%**

BOND

Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

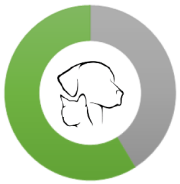
CONCERD WITH **SPEEDING CARS** IN THEIR NEIGHBORHOOD



62.7%

Said "Yes"

HAVE **ROAMING/STRAY ANIMALS** THEIR NEIGHBORHOOD



58.8%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT

66.7%

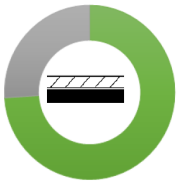
Said "Yes"

FEEL **SAFE** IN THEIR NEIGHBORHOOD

76.5%

Said "Yes"

HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



74.0%

Said "Yes"

FEEL THEIR **ABANDONED HOUSES OR BUILDINGS THAT SHOULD BE REMOVED**

23.5%

Said "Yes"

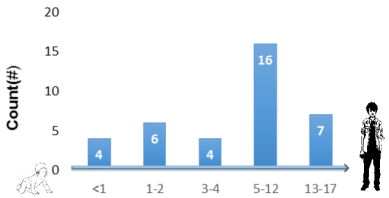
BOND

Children's Concerns

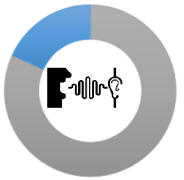
43.1% *Are parents and the head of households or responsible for the children's care.*

(22 out of 51)

AGE OF RESPONDENTS CHILDREN



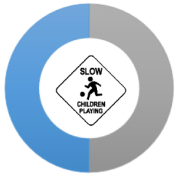
HAVE CONCERNS ABOUT THEIR **CHILD'S SPEECH, HEARING, VISION, OR MOVEMENT**



18.2%

Said "Yes"

PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD



50%

Said "Yes"

WHY?

- Speeding Cars
- Drug Dealers
- Bad Neighborhood

BELIEVE THEIR CHILDREN HAVE **GOOD HEALTH CARE**

95.5%

Said "Yes"

BELIEVE THEIR CHILDREN HAVE **GOOD DENTAL CARE**

100%

Said "Yes"

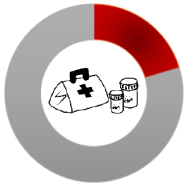
BOND

Access to Care

HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

Uninsured	5
Private Insurance-Employer	13
Private Insurance-Purchased Directly	2
Medicare	11
Medicaid	19
VA	2

DIFFICULTY GETTING **MEDICAL SERVICES** THAT THEY NEEDED



20.4%

Said "Yes"

HAVE **PERSONAL DOCTOR** OR **HEALTH CARE PROVIDER**

80%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

MOST COMMON PLACES TO SEE A DOCTOR

Count (#)	
26	Doctor's office or other provider's office
7	Emergency Room
7	Bond Community Center
4	Urgent Care

SAW A DOCTOR FOR A ROUTINE CHECKUP

90.0%

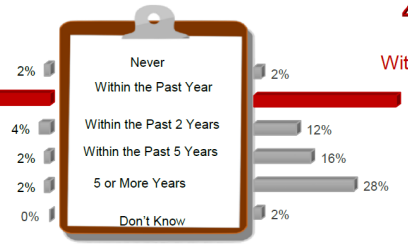
Within the past year

Higher than the 2016 BRFSS: Leon-80.4%

SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

40.0%

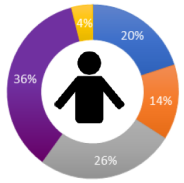
Within the past year



BOND

Health and Wellbeing

SELF-RATED HEALTH STATUS

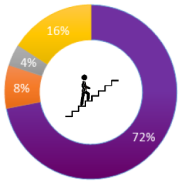


40.0%

"Fair" or "Poor"

Higher than the 2016 BRFSS: Leon-14.1%

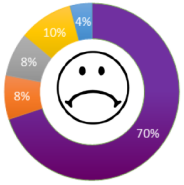
PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES



20.0%

"Somewhat "or "Quite a lot"

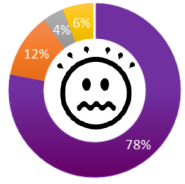
FELT SO SAD OR DEPRESSED



14.0%

"Quite a lot" or "Extremely"

FELT SO ANXIOUS OR NERVOUS



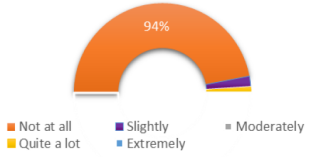
10.0%

"Moderately" or "Quite a lot"

HEARD VOICES THAT WERE SO DISTURBING THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY

4.0%

"Slightly"



2.0%

"Quite A lot"

BOND

Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

HIGH BLOOD PRESSURE

41.3%

Have high blood pressure/ hypertension

Higher than the 2013 BRFSS: Leon-25.8%

DIABETES

19.6%

Have diabetes

Higher than the 2016 BRFSS: Leon-10.5%

DEPRESSION

19.6%

Have depression

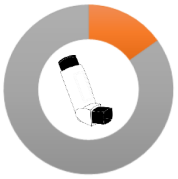
Higher than the 2016 BRFSS: Leon-17.4%

ARTHRITIS

21.7%

Have arthritis

ASTHMA

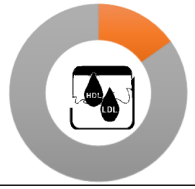


15.2%

Have asthma

Higher than the 2016 BRFSS: Leon-9.8%

HIGH CHOLESTEROL



13.8%

Have high cholesterol

Lower than the 2013 BRFSS: Leon-27.5%

BOND

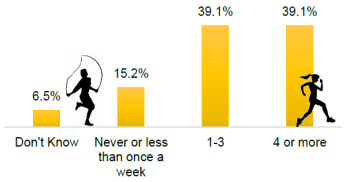
Health-Related Behaviors

EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY

50.0%

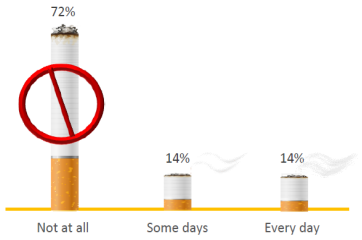
Said "Yes"

PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES

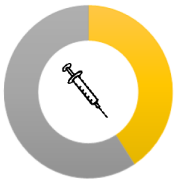


Number of Times per Week

SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)



HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

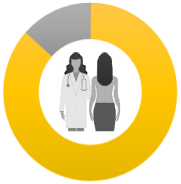


40.8%

Said "Yes"

Lower than the 2016 BRFSS: Leon-41.0%

HAD A CLINICAL BREAST EXAM



86.7%

Said "Yes"

Higher than the 2013 BRFSS: Leon-68.7%

TOP PERSONAL HEALTH ISSUES

- HIGH BLOOD PRESSURE
- DIET/WEIGHT/EXERCISE
- DIABETES

Macon Community

Neighborhood Health Profile

MACON

Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

	Florida	Leon County	Block Group 1, Census Tract 16.01
POPULATION			
Total Population	19,934,451	284,788	1,326
Age & Sex			
Persons under 18 years, percent	20.4%	18.8%	10.9%
Persons Ages 18-64 years, percent	60.6%	69.8%	83.3%
Persons 65 years and over, percent	19.1%	11.3%	5.8%
Median age	41.6	30.3	25
Male Persons, Percent	48.9%	47.6%	46.1%
Female Persons, Percent	51.1%	52.4%	53.9%
RACE & ETHNICITY			
White alone	75.9%	62.1%	24.4%
Black or African American alone	16.1%	31.2%	71.6%
Not Hispanic or Latino	75.9%	93.9%	96.5%
Hispanic or Latino	24.1%	6.1%	3.5%
EDUCATIONAL ATTAINMENT			
No Diploma	12.8%	7.4%	22.7%
High school diploma and GED	29.2%	18.6%	10.7%
Some College	20.6%	19.6%	38.9%
Associate	9.6%	9.2%	14.6%
Bachelor's	17.8%	25.4%	13.1%
Graduate or Professional	10.0%	19.8%	0.0%
INCOME & POVERTY			
Median household income	$48,900	$48,248	$25,565
Income in the past 12 months below poverty level	16.1%	21.3%	52.4%
HOUSING			
Housing Units	9,152,815	126,658	747
Occupied	80.8%	87.7%	81.9%
Vacant	19.2%	12.3%	18.1%
Owner occupied	64.8%	52.2%	22.4%
Renter occupied	35.2%	47.8%	77.6%
HEALTH INSURANCE			
All Uninsured Civilian Noninstitutionalized Population	16.4%	10.2%	12.2%
Uninsured Children Under 18 Years	8.9%	5.2%	11.7%
Uninsured Adults Ages 18 - 64 Years	23.6%	13.1%	13.1%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

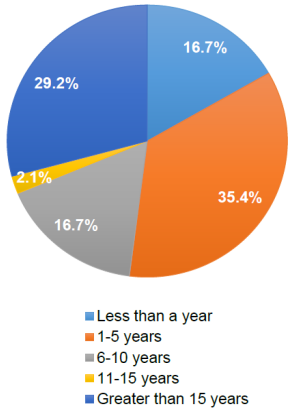
MACON

Community Health Assessment Results

On February 20, 2016, the Neighborhood Health Survey was conducted in the Fairbanks neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administered door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **50** surveys were collected from the neighborhood. About 62% of the respondents were female and 38% male. Most (69.3%) of the respondents were older than the age 34. All the respondents lived in the neighborhood for at least a year.

LENGTH OF TIME IN THE NEIGHBORHOOD



RESPONDENTS DEMOGRAPHICS

AGE (YEARS)

18-24	**10.2%**
25-34	**20.4%**
35-44	**20.4%**
45-54	**6.1%**
55-64	**22.4%**
65+	**20.4%**

SEX

Male	**38.0%**
Female	**62.0%**

RACE/ETHNICITY

White	**10.4%**
Black or African American	**89.6%**
Hispanic	**4.3%**
Non-Hispanic	**95.7%**

MARITAL STATUS

Single, never married	**62.0%**
Married	**22.0%**
Divorced	**8.0%**
Widowed	**8.0%**
Separated	**0.0%**
In a relationship or an unmarried couple	**0.0%**

EDUCATIONAL ATTAINMENT

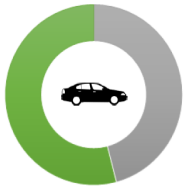
Less than a High School	**16.0%**
High School Degree or GED	**26.0%**
Some college or technical school	**38.0%**
Bachelor's Degree	**14.0%**
Graduate or Professional Degree	**6.0%**

MACON

Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

CONCERD WITH **SPEEDING CARS** IN THEIR NEIGHBORHOOD



54.0%

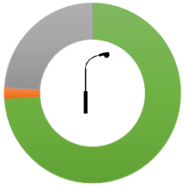
Said "Yes"

LARGE AMOUNTS OF TRASH NOT PROPERLY DISPOSED IN THEIR NEIGHBORHOOD

24.0%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT



74.0%

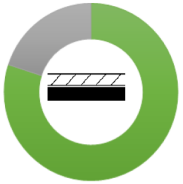
Said "Yes"

FEEL SAFE IN THEIR NEIGHBORHOOD

88.0%

Said "Yes"

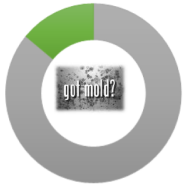
HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



20.0%

Said "Yes"

CURRENTLY HAVE **MOLD IN THEIR HOME** IN AN AREA BIGGER THAN A DOLLAR BILL



14.0%

Said "Yes"

MACON

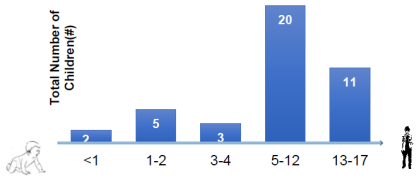
Children's Concerns

36%

(18 out of 50)

Are parents and the head of households or responsible for the children's care.

AGE OF RESPONDENT'S CHILDREN



PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

27.8%

Said "Yes"

Speeding Cars and Kids Fighting

SUGGESTIONS OF **PROGRAMS OR SERVICES** TO IMPROVE THE HEALTH OR LEARNING OF THEIR CHILDREN

- After school programs
- Tutoring
- Work experience opportunities/ TCC & Lively Training for persons of special needs

BELIEVE THEIR CHILDREN HAVE **GOOD HEALTH CARE**

94.1%

Said "Yes"

BELIEVE THEIR CHILDREN HAVE GOOD **HEALTH CARE** AND **DENTAL CARE**

88.9%

Said "Yes"

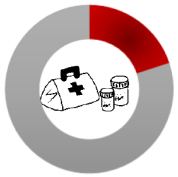
MACON

Access to Care

HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

Uninsured	4
Private Insurance-Employer	12
Private Insurance-Pur Directly	5
Medicare	11
Medicaid	23
VA	1
Other	3

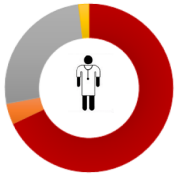
DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



20.0%

Said "Yes"

HAVE PERSONAL DOCTOR OR HEALTH CARE PROVIDER



68.0%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

MOST COMMON PLACE TO SEE A DOCTOR

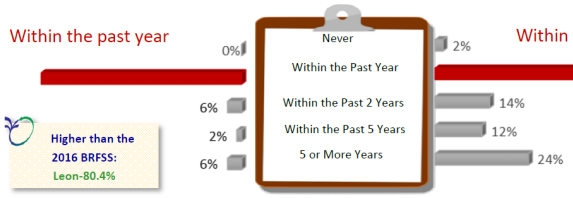
Count (#)

24	Doctor's office or other provider's office
5	Emergency Room
4	Capital Health Plan
3	Bond Community Center
3	Veteran's Administration

SAW A DOCTOR FOR A ROUTINE CHECKUP

86.0%

Within the past year



Higher than the 2016 BRFSS: Leon-80.4%

SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

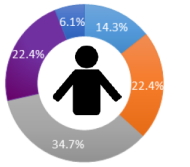
48.0%

Within the past year

MACON

Health and Wellbeing

SELF-RATED HEALTH STATUS



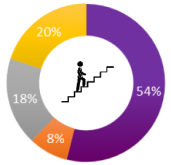
28.5%

"Fair" or "Poor"

Higher than the 2016 BRFSS: Leon-14.1%

Excellent Very good Good Fair Poor

PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES

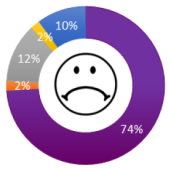


38.0%

"Somewhat "or "Quite a lot"

Not at all Very little Somewhat Quite a lot

FELT SO SAD OR DEPRESSED

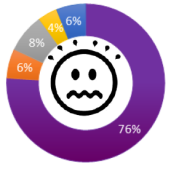


12.0%

"Quite a lot" or "Extremely"

Not at all Slightly Moderately Quite a lot Extremely

FELT SO ANXIOUS OR NERVOUS



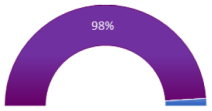
10.0%

"Quite a lot" or "Extremely"

Not at all Slightly Moderately Quite a lot Extremely

HEARD VOICES THAT WERE SO DISTURBING

THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY



2.0%

"Extremely"

Not at all Slightly Moderately Quite a lot Extremely

MACON

Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

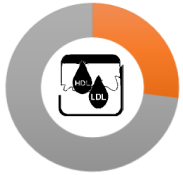
HIGH BLOOD PRESSURE

41.7%

Have high blood pressure/ hypertension

Higher than the 2013 BRFSS: Leon-25.8%

HIGH CHOLESTEROL



27.1%

Have high cholesterol

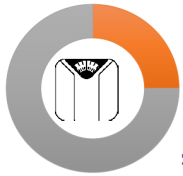
Lower than the 2013 BRFSS: Leon-27.5%

ARTHRITIS

25.0%

Have arthritis

OVERWEIGHT/OBESITY



25.0%

Are overweight or obese

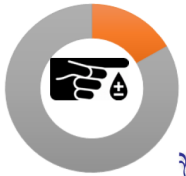
Lower than the 2016 BRFSS: Leon-64.2%

SWELLING / INFLAMMATION OF JOINTS

18.9%

Have swelling / inflammation of joints

DIABETES



16.7%

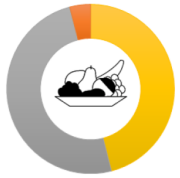
Have diabetes

Higher than the 2016 BRFSS: Leon-10.5%

MACON

Health-Related Behaviors

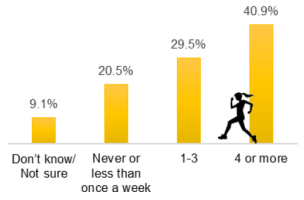
EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY



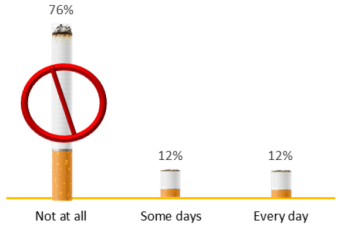
46.0%

Said "Yes"

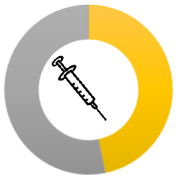
PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES



SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)



HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

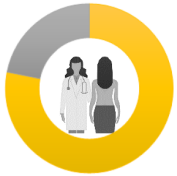


46.8%

Said "Yes"

Higher than the 2016 BRFSS: Leon-41.0%

HAD A CLINICAL BREAST EXAM



78.1%

Said "Yes"

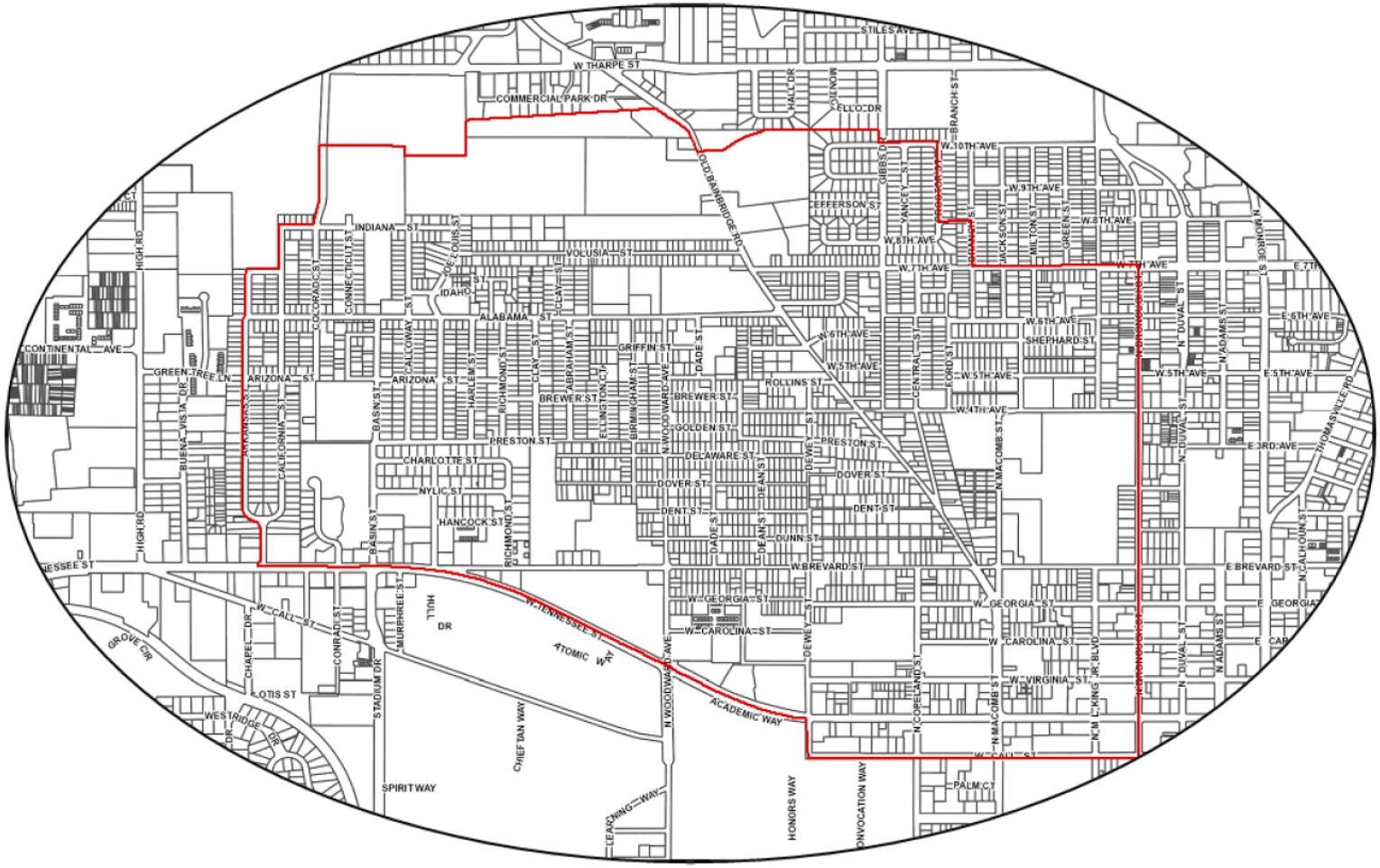
Higher than the 2013 BRFSS: Leon-68.7%

TOP PERSONAL HEALTH ISSUES

- HIGH BLOOD PRESSURE
- CANCER
- DIABETES
- ORAL HEALTH
- HEART DISESE
- ARTHRITIS

Greater Frenchtown

Neighborhood Health Profile



GREATER FRENCHTOWN

Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

	Florida	Leon County	6	7	14.01	14.02
Population						
Total Population	19,934,451	284,788	4,068	2,133	1,922	5,307
Age & Sex						
Persons under 18 years, percent	20.4%	18.8%	11.2%	13.0%	9.7%	12.2%
Persons Ages 18-64 years, percent	60.6%	69.8%	80.8%	77.0%	71.2%	84.5%
Persons 65 years and over, percent	19.1%	11.3%	8.0%	10.0%	19.1%	3.3%
Median age	41.6	30.3	29.1	34.7	25.5	21.8
Male Persons, Percent	48.9%	47.6%	54.2%	47.8%	47.1%	48.3%
Female Persons, Percent	51.1%	52.4%	45.8%	52.2%	52.9%	51.7%
Race & Ethnicity						
White alone	75.9%	62.1%	30.9%	60.4%	23.8%	35.0%
Black or African American alone	16.1%	31.2%	66.4%	37.0%	66.5%	52.9%
Not Hispanic or Latino	75.9%	93.9%	96.6%	94.4%	97.7%	95.8%
Hispanic or Latino	24.1%	6.1%	3.4%	5.6%	2.3%	4.2%
Educational Attainment						
No Diploma	12.8%	7.4%	20.9%	18.2%	20.3%	17.3%
High school diploma and GED	29.2%	18.6%	28.4%	15.5%	26.7%	20.3%
Some College	20.6%	19.6%	20.9%	26.4%	23.3%	15.9%
Associate	9.6%	9.2%	14.2%	6.9%	11.5%	3.4%
Bachelor's	17.8%	25.4%	9.9%	15.1%	11.6%	29.5%
Graduate or Professional	10.0%	19.8%	5.8%	18.0%	6.6%	13.6%
Income and Poverty						
Median household income	$48,900	$48,248	$21,713	$38,500	$17,786	$13,701
Income in the past 12 months below poverty level	16.1%	21.3%	55.1%	30.4%	44.1%	72.6%
Housing						
Housing Units	9,152,815	126,658	1,708	1,250	1,222	2,205
Occupied	80.8%	87.7%	80.0%	85.8%	76.8%	85.2%
Vacant	19.2%	12.3%	20.0%	14.2%	23.2%	14.8%
Owner occupied	64.8%	52.2%	30.5%	34.5%	29.5%	8.6%
Renter occupied	35.2%	47.8%	69.5%	65.5%	70.5%	91.4%
Health Insurance						
All Uninsured Civilian Noninstitutionalized Population	16.4%	10.2%	30.7%	10.9%	16.4%	9.5%
Uninsured Children Under 18 Years	8.9%	5.2%	5.1%	0.0%	0.0%	1.8%
Uninsured Adults Ages 18 - 64 Years	23.6%	13.1%	37.1%	14.1%	21.9%	11.0%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

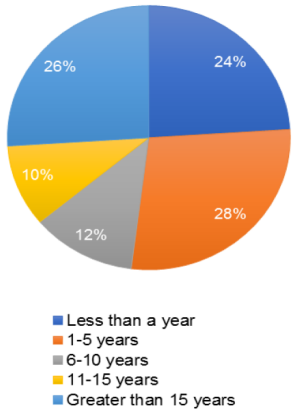
GREATER FRENCHTOWN

Community Health Assessment Results

On February 13, 2016, the Neighborhood Health Survey was conducted in the Greater Frenchtown neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administrated door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **50** surveys were collected from the neighborhood. Most (64.6%) of the respondents were female and over age 34 (60%). Majority (76%) of the respondents lived in the neighborhood for at least a year.

LENGTH OF TIME IN THE NEIGHBORHOOD



RESPONDENTS DEMOGRAPHICS

AGE (YEARS)

18-24	**26.0%**
25-34	**14.0%**
35-44	**28.0%**
45-54	**12.0%**
55-64	**12.0%**
65+	**8.0%**

SEX

Male	**35.4%**
Female	**64.6%**

RACE/ETHNICITY

White	**2.1%**
Black or African American	**97.9%**
Hispanic	**4.4%**
Non-Hispanic	**95.6%**

MARITAL STATUS

Single, never married	**61.2%**
Married	**16.3%**
Divorced	**14.3%**
Widowed	**6.1%**
Separated	**0.0%**
In a relationship or An unmarried couple	**2.0%**

EDUCATIONAL ATTAINMENT

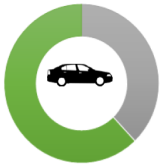
Less than a High School	**18.0%**
High School Degree or GED	**40.0%**
Some college or technical school	**32.0%**
Undergraduate	**8.0%**
Graduate or Professional Degree	**2.0%**

GREATER FRENCHTOWN

Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

CONCERD WITH **SPEEDING CARS** IN THEIR NEIGHBORHOOD



62.0%

Said "Yes"

LARGE AMOUNTS OF TRASH NOT PROPERLY DISPOSED IN THEIR NEIGHBORHOOD

49.0%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT

60.0%

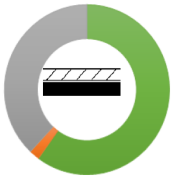
Said "Yes"

FEEL SAFE IN THEIR NEIGHBORHOOD

76.0%

Said "Yes"

HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



60.0%

Said "Yes"

CURRENTLY HAVE **MOLD IN THEIR HOME** IN AN AREA BIGGER THAN A DOLLAR BILL

20.0%

Said "Yes"

GREATER FRENCHTOWN

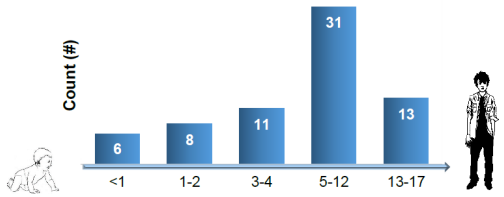
Children's Concerns

54%

(27 out of 50)

Are parents and the head of households or responsible for the children's care.

AGE OF RESPONDENT'S CHILDREN



PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

38.5%

Said "Yes"

WHY?

- Speeding Cars
- Guns
- Bullying
- Traffic Overflow
- Teenagers Fighting
- Loiters
- Don't trust the neighborhood

SUGGESTIONS OF **PROGRAMS OR SERVICES** TO IMPROVE THE HEALTH OR LEARNING OF THEIR CHILDREN

- Tutoring
- Mentoring
- Security
- Train police to deal with people with autism
- Weed and Seed
- Bullying prevention

BELIEVE THEIR CHILDREN HAVE GOOD **HEALTH CARE** AND **DENTAL CARE**

100%

Said "Yes"

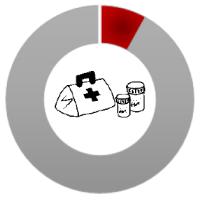
GREATER FRENCHTOWN

Access to Care

HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

Uninsured	8
Private Insurance-Employer	8
Private Insurance-Purchased Directly	3
Medicare	8
Medicaid	23
VA	1
Other	3

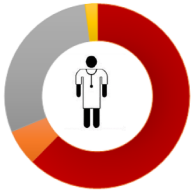
DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



8.0%

Said "Yes"

HAVE PERSONAL DOCTOR OR HEALTH CARE PROVIDER



62.5%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

MOST COMMON PLACES TO SEE A DOCTOR

Count (#)	
11	Bond Clinic
10	Doctor's office or other provider's office
4	Tallahassee Memorial HealthCare
4	Capital Regional Hospital

SAW A DOCTOR FOR A ROUTINE CHECKUP

78.0%

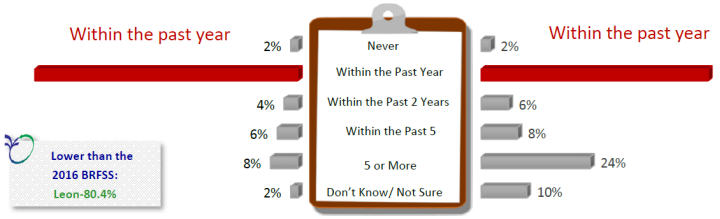
Within the past year

Lower than the 2016 BRFSS: Leon-80.4%

SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

50.0%

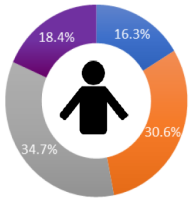
Within the past year



GREATER FRENCHTOWN

Health and Wellbeing

SELF-RATED HEALTH STATUS



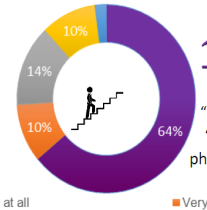
34.7%

"Fair" or "Poor"

Higher than the 2016 BRFSS: Leon-14.1%

Excellent Very good Good Fair Poor

PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES

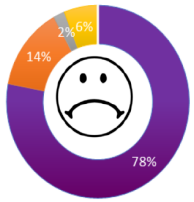


12.0%

"Quite a lot" or "Could not do physical activities"

Not at all Very little Somewhat Quite a lot Could not do physical activities

FELT SO SAD OR DEPRESSED

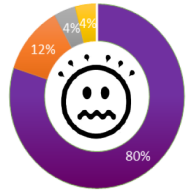


8.0%

"Moderately" or "Quite a lot"

Not at all Slightly Moderately Quite a lot Extremely

FELT SO ANXIOUS OR NERVOUS



8.0%

"Moderately" or "Quite a lot"

Not at all Slightly Moderately Quite a lot Extremely

HEARD VOICES THAT WERE SO DISTURBING THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY

2.0%

Said "Slightly"

GREATER FRENCHTOWN

Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

HIGH BLOOD PRESSURE

26.7%

Have high blood pressure/ hypertension

Higher than the 2013 BRFSS: Leon-25.8%

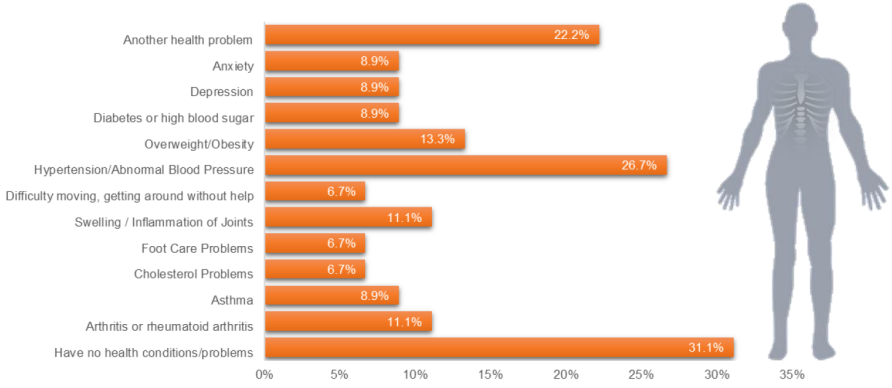
OVERWEIGHT/OBESITY

13.3%

Are overweight or obese

Lower than the 2016 BRFSS: Leon-64.2%

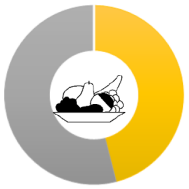
HEALTH CONDITIONS



GREATER FRENCHTOWN

Health-Related Behaviors

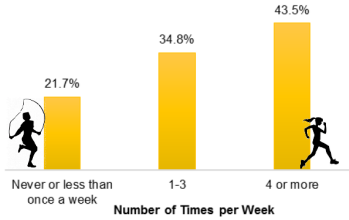
EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY



46.0%

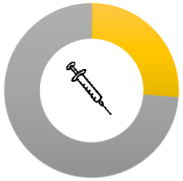
Said "Yes"

PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES



SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)

HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

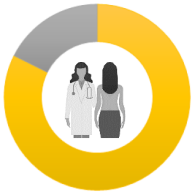


26.3%

Said "Yes"

Lower than the 2016 BRFSS: Leon-41.0%

HAD A CLINICAL BREAST EXAM



82.4%

Said "Yes"

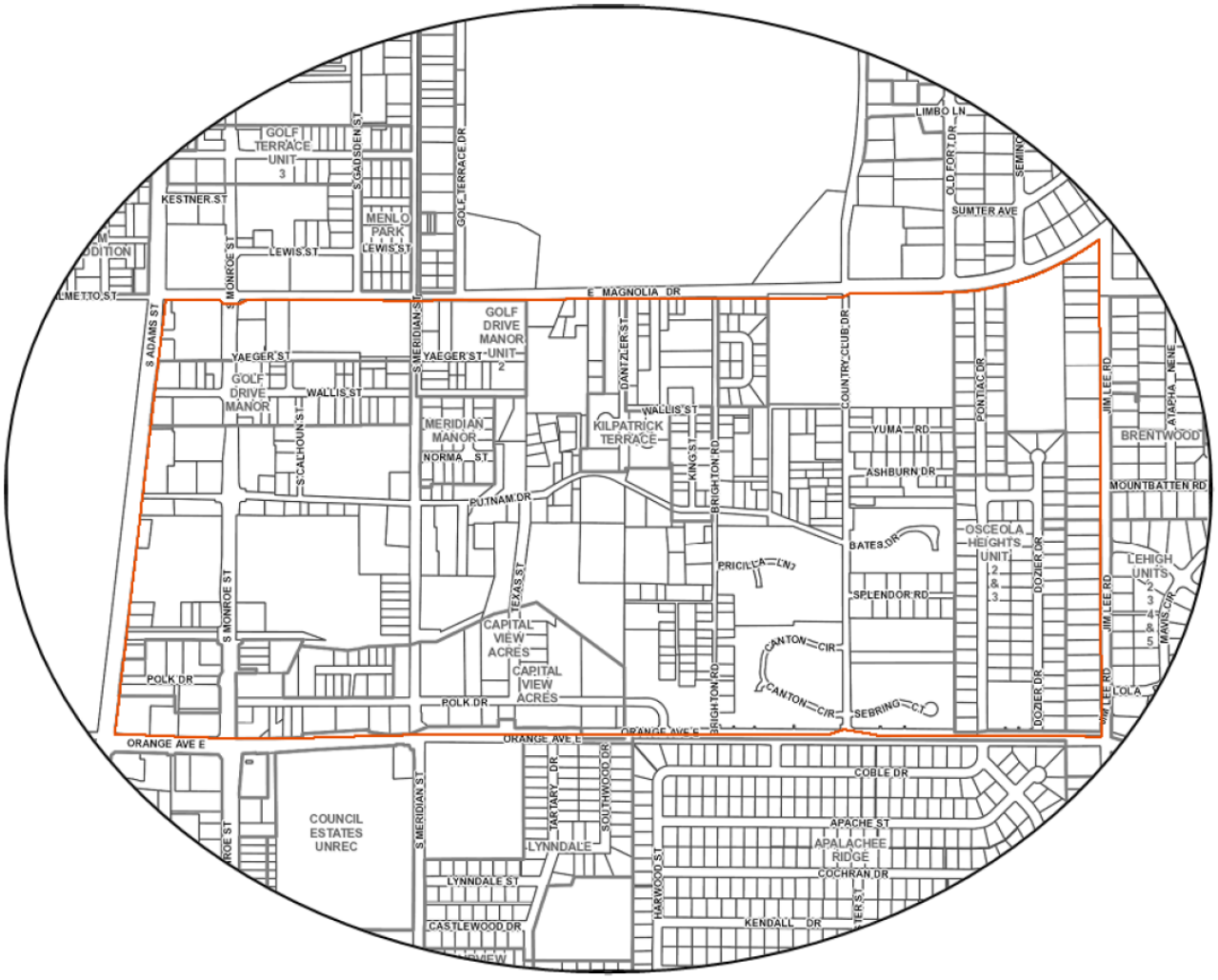
Higher than the 2013 BRFSS: Leon-68.7%

TOP PERSONAL HEALTH ISSUES

- CANCER
- DIET/WEIGHT/EXERCISE
- HIGH BLOOD PRESSURE
- DIABETES
- MENTAL HEALTH

South City

Neighborhood Health Profile



SOUTH CITY

Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

	Florida	Leon County	10.01
Population			
Total Population	19,934,451	284,788	2,827
Age & Sex			
Persons under 18 years, percent	20.4%	18.8%	27.2%
Persons Ages 18-64 years, percent	60.6%	69.8%	66.6%
Persons 65 years and over, percent	19.1%	11.3%	6.2%
Median age	41.6	30.3	22.9
Male Persons, Percent	48.9%	47.6%	38.5%
Female Persons, Percent	51.1%	52.4%	61.5%
Race & Ethnicity			
White alone	75.9%	62.1%	8.0%
Black or African American alone	16.1%	31.2%	88.1%
Not Hispanic or Latino	75.9%	93.9%	96.1%
Hispanic or Latino	24.1%	6.1%	3.9%
Educational Attainment			
No Diploma	12.8%	7.4%	18.4%
High school diploma and GED	29.2%	18.6%	28.8%
Some College	20.6%	19.6%	23.1%
Associate	9.6%	9.2%	7.9%
Bachelor's	17.8%	25.4%	10.9%
Graduate or Professional	10.0%	19.8%	10.9%
Income and Poverty			
Median household income	$48,900	$48,248	$16,838
Income in the past 12 months below poverty level	16.1%	21.3%	53.2%
Housing			
Housing Units	9,152,815	126,658	1,143
Occupied	80.8%	87.7%	88.3%
Vacant	19.2%	12.3%	11.7%
Owner occupied	64.8%	52.2%	15.9%
Renter occupied	35.2%	47.8%	84.1%
Health Insurance			
All Uninsured Civilian Noninstitutionalized Population	16.4%	10.2%	23.9%
Uninsured Children Under 18 Years	8.9%	5.2%	6.9%
Uninsured Adults Ages 18 - 64 Years	23.6%	13.1%	33.1%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

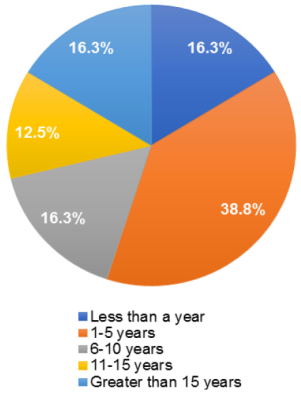
SOUTH CITY

Community Health Assessment Results

In the months of October and November 2015, the Neighborhood Health Survey was conducted in the South City neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administered door to door. The survey consisted of 87 questions related to various health concerns.

This document highlights the survey results. A total of **80** surveys were collected from the neighborhood. Most (76.3%) of the respondents were female. Majority (83.9%) of the respondents lived in the neighborhood for at least a year.

LENGTH OF TIME IN THE NEIGHBORHOOD



RESPONDENTS DEMOGRAPHICS

AGE (YEARS)

18-24	**15.0%**
25-34	**30.0%**
35-44	**21.3%**
45-54	**13.8%**
55-64	**13.8%**
65+	**6.3%**

SEX

Male	**23.8%**
Female	**76.3%**

RACE/ETHNICITY

White	**10.3%**
Black or African American	**85.9%%**
Other	**3.9%**
Hispanic	**3.9%**
Non-Hispanic	**96.1%**

MARITAL STATUS

Single, never married	**67.1%**
Married	**10.1%**
Divorced	**10.1%**
Widowed	**3.8%**
Separated	**2.5%**
In a relationship or an unmarried couple	**6.3%**

EDUCATIONAL ATTAINMENT

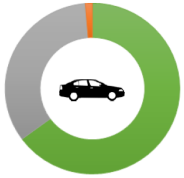
Less than a High School	**18.8%**
High School Degree or GED	**36.3%**
Some college or technical school	**40.0%**
Undergraduate	**2.5%**
Graduate or Professional Degree	**2.5%**

SOUTH CITY

Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

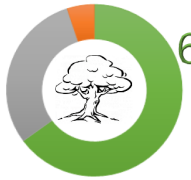
CONCERNED WITH **SPEEDING CARS** IN THEIR NEIGHBORHOOD



65.0%

Said "Yes"

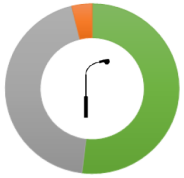
HAVE **PARKS**, **WALKING TRAILS**, **BIKE PATHS** OR **OTHER RECREATION AREAS** IN THEIR NEIGHBORHOOD



65.0%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT



51.9%

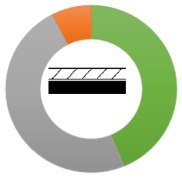
Said "Yes"

FEEL **SAFE** IN THEIR NEIGHBORHOOD

66.2%

Said "Yes"

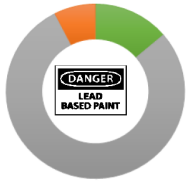
HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



43.8%

Said "Yes"

IS WORRIED ABOUT **LEAD BASED PAINTS** IN AND AROUND THEIR HOME



13.8%

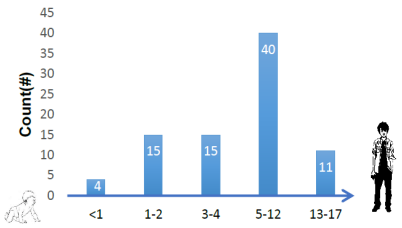
Said "Yes"

SOUTH CITY

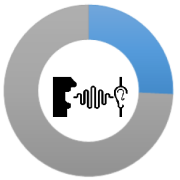
Children's Concerns

35.0% *Are parents and the head of households or responsible for the children's care.*

AGE OF RESPONDENTS CHILDREN



HAVE CONCERNS ABOUT THEIR **CHILD'S SPEECH, HEARING, VISION, OR MOVEMENT**



25.7%

Said "Yes"

PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

61.1%

Said "Yes"

WHY?

Crime, Drugs, Violence

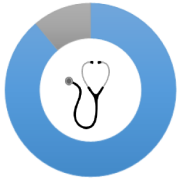
Speeding Cars

94.4%

Said "Yes"

If available, would like for their child to attend a nearby school that provided health, dental and job training services to students, parents and others in the neighborhood

BELIEVE THEIR CHILDREN HAVE **GOOD HEALTH CARE**



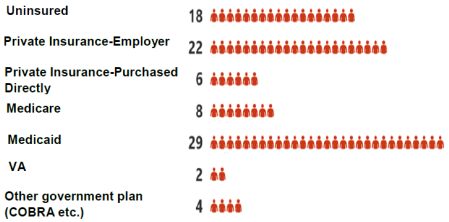
88.9%

Said "Yes"

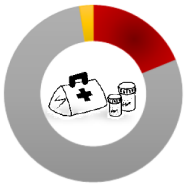
SOUTH CITY

Access to Care

HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES



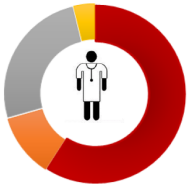
DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



18.8%

Said "Yes"

HAVE ONE PERSON YOU THINK OF AS YOUR PERSONAL DOCTOR OR HEALTH CARE PROVIDER



59.0%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

Yes, only one | More than one | No | Don't know / Not sure

MOST COMMON PLACES TO SEE A DOCTOR

Percentage (%)

38.9% Doctor's office or other provider's office

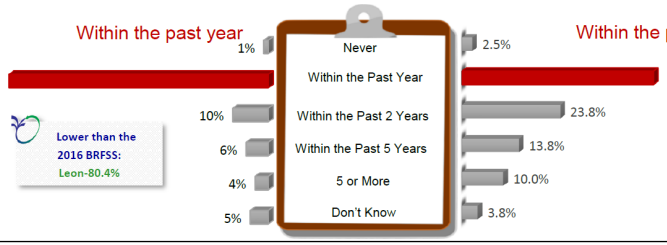
21.3% Bond Clinic

21.3% Emergency Room

SAW A DOCTOR FOR A ROUTINE CHECKUP

73.8%

Within the past year



Lower than the 2016 BRFSS: Leon-80.4%

SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

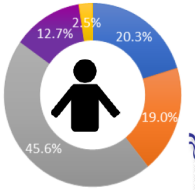
46.3%

Within the past year

SOUTH CITY

Health and Wellbeing

SELF-RATED HEALTH STATUS



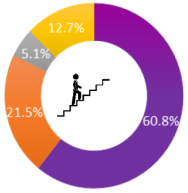
15.2%

"Fair" or "Poor"

Higher than the 2013 BRFSS: Leon-14.1%

Excellent | Very good | Good | Fair | Poor

PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES



17.8%

"Somewhat "or "Quite a lot"

Not at all | Very little | Somewhat | Quite a lot

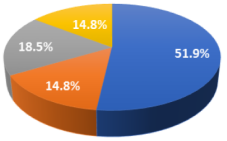
FELT CONCERNED ABOUT FEELING MOODY, ANXIOUS OR DEPRESSED

25.0%

At least one point during the past month

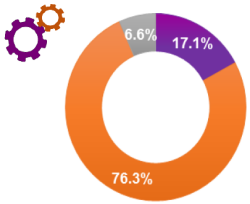
FEELING MOODY, ANXIOUS OR DEPRESSED KEPT THEM FROM DOING THEIR DAILY ACTIVITIES

Of those that felt concerned



Not at all | Very little | Somewhat | Quite a lot

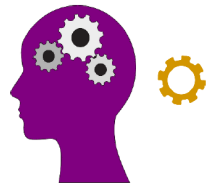
THEY OR ANYONE IN THEIR FAMILY NEEDED MENTAL HEALTH SERVICES IN THE LAST YEAR



17.1%

Said "Yes"

Yes | No | Don't Know/ Not Sure



SOUTH CITY

Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

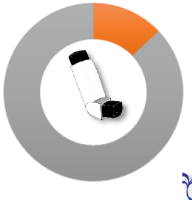
HIGH BLOOD PRESSURE

22.1%

Have high blood pressure/ hypertension

Lower than the 2013 BRFSS: Leon-25.8%

ASTHMA



13.0%

Have asthma

Higher than the 2016 BRFSS: Leon-9.8%

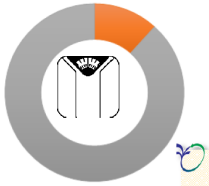
DIABETES

13.0%

Have diabetes

Higher than the 2016 BRFSS: Leon-10.5%

OVERWEIGHT/OBESITY

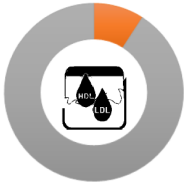


11.7%

Are overweight or obese

Lower than the 2016 BRFSS: Leon-64.2%

HIGH CHOLESTEROL



9.1%

Have high cholesterol

Lower than the 2013 BRFSS: Leon-27.5%

SWELLING / INFLAMMATION OF JOINTS

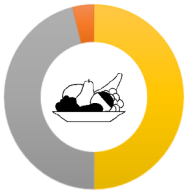
7.8%

Have swelling / inflammation of joints

SOUTH CITY

Health-Related Behaviors

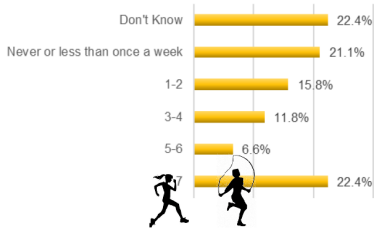
EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY



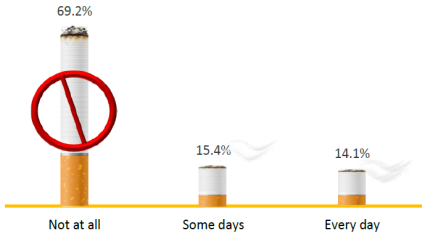
50.0%

Said "Yes"

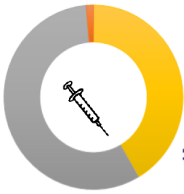
PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES



SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)



HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

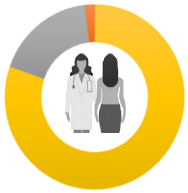


41.6%

Said "Yes"

Higher than the 2016 BRFSS: Leon-41.0%

HAD A CLINICAL BREAST EXAM



80.3%

Said "Yes"

Higher than the 2013 BRFSS: Leon-68.7%

TOP PERSONAL HEALTH ISSUES

- HIGH BLOOD PRESSURE
- DIET/WEIGHT/EXERCISE
- DIABETES

COMMUNITY HEALTH ASSESSMENT SURVEY

COMMUNITY HEALTH ASSESSMENT SURVEY

Please read:

Hello, my name is _____. I know that it is unusual for a stranger to come to your door but I am working with your neighborhood association. You may have seen a letter from them recently saying that we would stop by to ask a few health related questions. We are part of a group of community agencies wanting to learn more about the health needs of your neighborhood. I hope you can help by taking a short 15 to 20 minute survey right now to help us.

The survey is voluntary and your identity is kept anonymous. The results will be shared with you and your neighbors at a meeting that I hope you will attend. May I ask you a few questions?

If the answer is no, say: I understand, but if you could find the time it would also help us help you by understanding your health needs also. I will give you a bag of information that can help you find resources for some of the health needs you may have today [Whether they take the survey or not leave the bag of information]

Before we begin, is this your residence and are you 18 or older?

(If the answer is "No" then ask) Is someone who lives here and is over 18 home now?

(If resident is not over 18 and there is not another member of the household that is over 18 years of age, OR the person does not reside at the address, thank them for their time and move on to a different home)

Things to keep in mind if residents were to ask:

- *The addresses have been randomly selected*
- *These answers will help create the Neighborhood Health Improvement Plan*

Let's begin,

DEMOGRAPHIC

1 **How long have you lived at this residence?**

_____ In years
(Less than a year= 00)

2 **How long have you lived in this neighborhood?**

_____ In years
Less than a year = 00

3 **What is your age?**

_____ Age in years

4 Indicate sex of respondent.

Ask only if necessary.

01 Male
02 Female

5 **What is the primary language that is spoken in your home?**

Read only if necessary:

01 English
02 Spanish
03 Haitian Creole
04 **Other** _____

6 **Which one of the following best describes your race?**

01 **White**
02 **Black or African American**
03 **American Indian or Alaska Native**
04 **Asian**
05 **Asian Indian**
06 **Other** _____

7 **Are you Hispanic, Latino/a, or Spanish origin?**

Do not read:

01 Yes
02 No
03 Don't know / Not sure

8 **What is your marital status?**

Please read:

01 **Single, Never married**
02 **Married**
03 **Divorced**
04 **Widowed**
05 **Separated**
Or
06 **In a relationship or An unmarried couple**

9 **How many children less than 18 years of age live in your home with you?**

___ ___ Number of children

10 **How many individuals 18 and over live in this home? (include yourself)**

___ ___

11 **What is the highest grade or year of school you completed?**

Read only if necessary:

00 Never attended school
01 Grades 1 through 8 (Elementary)
02 Grades 9 through 11 (Some high school)
03 Grade 12 or GED (High school graduate)
04 College 1 year to 3 years (Some college or technical school)
05 College 4 years or more (College graduate)
06 Graduate Degree (Masters, Doctorate)

12 **Are you currently…?**

01 **Employed full-time**
02 **Employed part-time**
03 **Self-employed**
04 **Out of work for 1 year or more**
05 **Out of work for less than 1 year**
06 **A Homemaker**
07 **A Student**
08 **Retired**
Or
09 **Unable to work**

13 **What are some of the things you like about your neighborhood?**

a) _____

_____

b) _____

_____

c) _____

_____

d) _____

_____

e) _____

_____

14 **In your opinion, what are the biggest problems in your neighborhood?**

a) _____

_____

b) _____

_____

c) _____

_____

d) _____

_____

e) _____

_____

ENVIRONMENTAL HEALTH/BUILT ENVIRONMENT

We are very interested in your opinions concerning your neighborhood.

Now we would like to ask you a few more questions about your neighborhood.

For each question below, please answer either YES or NO.

15 **Do you have enough lighting in your neighborhood at night?**

01 *Yes*
02 *No* ***(Explain below)***
03 *No Opinion/Don't Know*

If NO, could you explain your answer?

_____

16 **Do you feel safe in your neighborhood?**

01 *Yes*
02 *No* ***(Explain below)***
03 *No Opinion/Don't Know*

If NO, could you explain your answer

_____

17 **Do you have enough sidewalks in your neighborhood?**

01 *Yes*
02 *No* ***(Explain below)***
03 *No Opinion/Don't Know*

If NO, could you explain your answer

18 Do you have access to parks, walking trails, bike paths or other recreation areas in your neighborhood?
01 Yes
02 No *(Explain below)*
03 No Opinion/Don't Know

If NO, could you explain your answer

19 Do you have access to public transportation in the neighborhood?
01 Yes
02 No *(Explain below)*
03 No Opinion/Don't Know

If NO, could you explain your answer

20 Are there abandoned houses or buildings that you feel should be removed?
01 Yes *(specify location below)*
02 No
03 No Opinion/Don't Know

If yes, could you specify location?

21 Are there abandoned cars or other vehicles in this neighborhood you feel should be removed?
01 Yes *(specify location below)*
02 No
03 No Opinion/Don't Know

If yes, could you specify location?

22 Are there roaming/stray animals (such as dogs or cats) in your neighborhood?
If yes, could you specify location?
1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

23 Are there areas of poor drainage (such as standing or stagnant water) near or around the roads in this neighborhood?
1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

24 Are there large amounts of trash not properly disposed of in this neighborhood?
1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

25 Are you concerned with cars speeding in your neighborhood?
1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

26 Are there areas or abandoned lots overgrown with weeds that do not allow you to easily walk or bike throughout this neighborhood?
1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

27 Are you worried about lead based paints in and around your home?
1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

28 Are there areas of sewage/foul smelling water outside of your home?
1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

29 Do you currently have mold in your home in an area bigger than a dollar bill?
1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

I have just asked a series of questions about the environmental health aspects of your neighborhood.

30 In your opinion what are your neighborhood's biggest environmental health issues? (Up to three)

1)

2)_____

3)_____

ONLY ASK IF THERE ARE CHILDREN IN THE HOUSEHOLD.

I see from a previous question 9 that there are children under 18 living here. If you are the parent, head of the household, or someone responsible for the children's care, I would like to ask you a few questions about the children.

Are you a parent, the head of household or responsible for the children's care?

31

1 Yes – IF YES, GO TO THE NEXT QUESTION, 32, BELOW

2 No IF NO, SKIP THE NEXT SECTION AND GO TO QUESTION 44 IN THE NEXT SECTION "ACCESS TO CARE

CHILDRENS' CONCERNS

Now I am going to ask you some questions about the children living here.

32 What are the ages of the children living here in your home?

Circle all that apply

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

33 IF THEY HAVE CHILDREN UNDER 5 ASK****

Do your children under 5 receive any childcare outside of your home on a regular basis?

1 Yes
2 No (Skip to 35)

34 IF "YES" TO THE ABOVE…

Which of the following kind(s) of childcare do they receive?

List all that apply

1 Childcare/Daycare center
2 A neighbor's home
3 Family member's home
4 VPK (Voluntary Pre-Kindergarten)
5 Head Start
6 Other (Specify) _____

35 Do you have concerns about your child's speech, hearing, vision, or movement?

1 Yes
2 No
3 Not Sure/Don't Know

IF YES, why?

_____

36 Do you worry that your child has problems…

1 Making friends
2 Concentrating in school
3 With discipline and behavior
4 Understanding what is going on around him or her
5 Being bullied
6 Feeling like he or she is different
7 Other worries (Specify) _____

37 Do you worry about feeding your children?

1 Yes
2 No
3 Not Sure/Don't Know

IF YES, why?

_____

38 Do you believe your children have good health care?

1 Yes
2 No
3 Not Sure/Don't Know

IF NO, why?

_____

39 Do you believe your children have good dental care?

1 Yes
2 No
3 Not Sure/Don't Know

IF NO, why?

_____

40 Are you concerned about the safety of your children in the neighborhood?

1 Yes
2 No
3 Not Sure/Don't Know

IF YES, why?

_____

41 Do you like your children's school (s)?

1 Yes

2 *No (Explain below)*
3 *Not Sure/Don't Know*

IF NO, why?

_____

42 **What do you worry most about your child (ren)? (Can answer more than one)**

Do not read. Use only if need a prompt.

0 No worries regarding children
1 Childcare
2 School/Education
3 Safe neighborhood
4 That they have enough food to eat
5 Limited or no health care coverage
6 Or Other (specify) _____

_____

43 **Is there a program or service that you want to suggest to improve the health or learning of your child?**

1 Yes (specify below)
2 No

IF YES, specify program/service?

_____

ACCESS TO CARE

Now I would like to ask some questions about your ability to get the health care that you want for yourself:

44 **If you have health insurance, which of the following types of health insurance do you currently have? (Check all that apply)**

0 I have no health insurance
1 Private Health Insurance from employer
2 Private Health Insurance purchased directly
3 Medicare
4 Medicaid
5 VA
6 Other government plan (COBRA etc.)_____

_____

7 Don't know/Not sure

45 **Was there a time in the past year when you had difficulty getting medical services that you needed?**

1 Yes
2 No (Skip to 48)
3 Don't know / Not sure (Skip to 48)

SHOW CARD "A" TO INTERVIEWEE:

46 **IF you had difficulty getting medical services in the past year, what are the reasons for this? Please note all that apply.**

SHOW CARD "A" TO INTERVIEWEE:

01 Do not have a car or transportation to go to the doctor
02 Do not have childcare
03 Do not have a doctor/clinic to go to
04 Do not have insurance
05 Do not have enough money to pay for health care
06 Do not know where to go for health care
07 Doctor's office/Clinics were not opened when I/we needed health care.
08 Doctor's office/Clinics could not give me/us an appointment when needed.
09 Doctor's office/Clinic is too far from home.
10 Doctor's office/Clinic waiting time is too long.
11 Doctor is different each time I/we go for health care.
12 Doctor/staff does not speak our language / look like us.
13 Doctor/staff does not listen to / understand me/us.
14 Doctor/staff does not treat me/us with respect.

47 **Are there other reasons not on the card?**

_____

_____

48 **Do you currently have one person you think of as your personal doctor or health care provider?**

If "No," ask: **"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"**

1 Yes, only one
2 More than one
3 No
4 Don't know / Not sure

49 **Where do you go most often when you need to see a doctor? (Only one answer is acceptable so if more than one name is given ask that they choose the most used)**

(Do not read unless need prompt)

01 *Bond Clinic (Gadsden St., Pasco St., Joe Louis St.)*
02 *Neighborhood Health Clinic (Lincoln Ctr., Southside*
03 *clinic, Havana)*
04 *Family Practice of Tallahassee Memorial Hospital*
05 *Leon County Health Department*
06 *Doctor's office or other provider's office*
07 *VA (Veterans Administration)*
08 *Tallahassee Memorial Hospital Emergency Room*
Capital Regional Hospital Emergency Room
Hospital urgent care
09 *Some other place (specify name & location)*

_____

10 *Don't know / Not sure*

50 **About how long has it been since you last saw a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.**

(Do not read unless a prompt is necessary)

0 *Never had a routine checkup*
1 *Within the past year (anytime less than 12 months ago)*
2 *Within the past 2 years (1 year but less than 2 years ago)*
3 *Within the past 5 years (2 years but less than 5 years ago)*
4 *5 or more years ago*
5 *Don't know / Not sure*

51 **How long has it been since you last saw a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.**

(Do not read unless a prompt is necessary)

0 *Never been to a dentist or dental clinic* **(Skip to Q53)**
1 *Within the past year (anytime less than 12 months ago)*
2 *Within the past 2 years (1 year but less than 2 years ago)*
3 *Within the past 5 years (2 years but less than 5 years ago)*
4 *5 or more years ago*
5 *Don't know / Not sure*

52 **What was the reason for your last visit?**

1 ***Dental cleaning***
2 ***Checkup***
3 ***Tooth ache***
4 ***Braces***
5

Other (Specify) _____

_____

HEALTH AND WELLBEING

Now I would like to ask some questions about your current health.

53 **Overall how would you rate your health?**

1 **Excellent**
2 **Very good**
3 **Good**
4 **Fair**
5 **Poor**
6 Don't Know/Not Sure

54 **During the past month, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?**

1 ***Not at all***
2 ***Very little***
3 ***Somewhat***
4 ***Quite a lot***
5 ***Could not do physical activities***

55 **During the past month, have you felt so sad or depressed that you had a hard time doing what you normally do during the day?**

1 **Not at all**
2 **Slightly**
3 **Moderately**
4 **Quite a lot**
5 **Extremely**

56 **During the past month, have you felt so anxious or nervous that you had a hard time doing what you normally do during the day?**

1 **Not at all**
2 **Slightly**
3 **Moderately**
4 **Quite a lot**
5 **Extremely**

57 **During the past month, have you had thoughts or heard voices that were so disturbing that you had a hard time doing what you normally do during the day?**

1 **Not at all**
2 **Slightly**
3 **Moderately**
4 **Quite a lot**
5 **Extremely**

58 **Have you or anyone in your family needed mental health services in the last year?**

1 Yes **(If yes, skip to 60)**
2 No
3 Don't Know/Not Sure

59 **Would you know where to go if anyone in your family needed mental health services?**

1 Yes **(Skip to 63)**
2 No **(Skip to 63)**
3 Not sure **(Skip to 63)**

60 **Was there a time in the past year when you or anyone in your family had difficulty getting mental health services that they needed?**

1 Yes
2 No **(Skip to 63)**
3 Don't know/Not sure **(Skip to 63)**

SHOW CARD A TO INTERVIEWEE:

61 **IF you or anyone in your family had difficulty getting mental health services in the past year, what are the reasons for this? (Mark all that apply)**

01 Do not have a car or transportation
02 Do not have childcare
03 Do not have a service provider to go to
04 Do not have insurance
05 Do not have enough money to pay for care
06 Do not know where to go for these services
07 Service providers were not open when I/we needed services
08 Service providers could not give me/us an appointment when needed.
09 Service provider is too far from home.
10 Service provider's waiting time is too long.
11 Service provider is different each time I/we go for care.
12 Service provider does not speak our language / look like us.
13 Service provider does not listen to / understand me/us.
14 Service provider does not treat me/us with respect.

62 **Are there other reasons not on the card?**

_____

_____

63 **Have you or anyone in your family needed substance abuse services in the last year?**

1 Yes **(If yes skip to 65)**
2 No
3 Don't Know/Not Sure

64 **Would you know where to go if anyone in your family needed substance abuse services?**

1 Yes **(Skip to 68)**
2 No **(Skip to 68)**

65 **Was there a time in the past 12 months when you or anyone in your family had difficulty getting substance abuse services that they needed?**

1 Yes
2 No **(Skip to next section "Special Health Conditions Q68")**
3 Don't know / Not sure **(Skip to next section "Special Health Conditions Q68)**

66 **SHOW CARD "A" TO INTERVIEWEE:**

SHOW CARD "A" TO INTERVIEWEE

IF you or anyone in your family had difficulty getting substance abuse services in the past year, what are the reasons for this? (Mark all that apply)

01 Do not have a car or transportation
02 Do not have childcare
03 Do not have a service provider to go to
04 Do not have insurance
05 Do not have enough money to pay for care
06 Do not know where to go for these services
07 Service providers were not open when I/we needed services
08 Service providers could not give me/us an appointment when needed.
09 Service provider is too far from home.
10 Service provider's waiting time is too long.
11 Service provider is different each time I/we go for care.
12 Service provider does not speak our language / look like us.
13 Service provider does not listen to / understand me/us.
14 Service provider does not treat me/us with respect.

67 **Are there other reasons not on the card?**

_____

SPECIFIC HEALTH CONDITIONS

Now I am going to ask you about specific health concerns.

(SHOW CARD "B" TO INTERVIEWEE)

68 **Has a DOCTOR, NURSE or other health professional EVER told you that you had any of the following health conditions/problems? (Mark all that apply)**

(SHOW CARD "B" TO INTERVIEWEE)

- 00 Have no health conditions/problems
- 01 Heart Attack
- 02 Heart Disease
- 03 Stroke
- 04 Arthritis or rheumatoid arthritis
- 05 Memory loss/forgetfulness
- 06 Asthma
- 07 Cancer
- 08 Cholesterol Problems
- 09 Gum disease/bleeding gums
- 10 Foot Care Problems
- 11 Swelling / Inflammation of Joints
- 12 Difficulty moving, getting around without help, or without equipment
- 13 Prone to falling
- 14 Dizziness
- 15 Hypertension/Abnormal Blood Pressure
- 16 Overweight/Obesity
- 17 Shakes (Uncontrollable Shaking / Parkinson's Disease)
- 18 Diabetes or high blood sugar?
- 19 Lung Disease (emphysema, chronic obstructive lung disease)
- 20 Depression
- 21 Anxiety
- 22 Psychosis
- 23 Trauma
- 24 Another health problem

Specify: _____

HEALTH-RELATED BEHAVIORS

The next several questions are about your regular activities.

69 **Does the grocery store or supermarket that you regularly go to offer a good selection of fresh fruits and vegetables?**

- 1 Yes
- 2 No
- 3 Don't know

70 **On average, do you eat 3-5 servings of fruit and vegetables per day? (1 serving of fruit =1/2 cup=1 tennis ball, 1 serving of vegetables = 1 cup = 1 fist)**

- 1 Yes
- 2 No
- 3 Don't know

71 **On average, how many times per week do you eat meals that were prepared in a fast food restaurant?**

(include fast food, and restaurants that deliver food to your house).

- ___ ___ Enter number of times
- 97 Less than once per week
- 00 Never .
- 98 Don't know/Not sure

72 **On average, how often do you eat fried foods per week?**

- ___ ___ Enter number of times
- 97 Less than once per week
- 00 Never .
- 98 Don't know/Not sure

73 **On average, how often do you drink alcoholic beverages (include beer, wine, wine coolers, etc.)**

- 1 **Every day/almost daily**
- 2 **A few times per week**
- 3 **Rarely (Skip to 75)**
- 4 **Never (Skip to 75)**

74 **Considering all types of alcoholic beverages, how many times during the past 30 days did you have X or more**

- ___ ___ Number of times (None = 00)
- 77 Don't know / Not sure

drinks [X = 5 for men, X = 4 for women] on an occasion?

75 **During the last month, other than your regular job, how often did you participate in at least 30 minutes of any moderate intensity physical activities or exercises such as walking, running, or calisthenics?**

___ ___ Times per week
___ ___ Times per month
77 Don't know / Not sure
99 Refused

76 **Do you smoke cigarettes, cigars (Black and Milds) every day, some days, or not at all?**

0 Not at all
1 Every day
2 Some days
3 Don't know / Not sure

77 **Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?**
(Snus (rhymes with 'goose'))
NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

0 Not at all
1 Every day
2 Some days
3 Don't know / Not sure

ONLY ASK IF RESPONDED 'YES' TO BEING A SMOKER IN 76 ABOVE

78 **During the past year, have you stopped using cigarettes for one day or longer because you were trying to quit smoking?**

1 Yes
2 No
3 Don't know / Not sure

79 **Do you currently use electronic cigarettes (also known as e-cigarettes or vaping)?**

1 Yes
2 Yes, to help me quit smoking or using other tobacco products
3 No

80 **During the past year, have you had either a flu shot or a flu vaccine that was sprayed in your nose?**

1 Yes
2 No
3 Don't know / Not sure

81 **A pneumonia shot is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?**

1 Yes
2 No
3 Don't know / Not sure

82 **Have you ever had the shingles or zoster vaccine?**

1 Yes
2 No
3 Don't know / Not sure

83 **ONLY ASK IF FEMALE**

Have you ever had a mammogram?

(If respondent does not know what a mammogram is, note that a mammogram is an x-ray of each breast to look for breast cancer.)

1 Yes
2 No
3 Don't know / Not sure

84 **Have you ever had a clinical breast exam?**
(If respondent does not know what a breast exam is, note that a clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps.)

Yes
No
Don't know / Not sure

85 **Have you ever had a Pap smear (or Pap Test)?**

1 Yes
2 No **(Skip to 90)**
3 Don't know / Not sure **(Skip to 90)**

Only ask if responded yes to above question.

Read only if necessary:

86 **How long has it been since you had your last Pap Smear/Pap test?**

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
6 Don't know / Not sure

ONLY ASK IF MALE

87 **A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?**

1 Yes
2 No
3 Don't know / Not sure

88 **Have you EVER HAD a PSA test?**

1 Yes
2 No **(Skip to 90)**
3 Don't know / Not sure **(Skip to 90)**

89 **ONLY ASK IF RESPONDED YES TO #81**
How long has it been since you had your last PSA test

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago
6 Don't know / Not sure

90 **Are there any other major personal health concerns that you would like to mention?**

_____

_____

91 **I have just asked a series of questions about personal health. Of the issues we just discussed, what are the top three personal health issues that concern you the most?**

1) _____

2) _____

3) _____

92 **Of the concerns you just mentioned, which one to you think needs the most attention?**

_____

_____

93 **Is there anything else you would like to say about any concerns you may have that we didn't ask you?**

_____

_____

_____

That was the last question. Thank you very much for your time and cooperation.

The survey results should be compiled in a little over a month.

COMMUNITY SURVEY MEETINGS

Appendix: 2017 CHIP Kick-off Invite, March 8, 2017

Community Partner:

Tallahassee Memorial HealthCare, United Way of the Big Bend, and the Florida Department of Health in Leon County invite your agency to participate in workgroups to develop action plans around the following strategic issues that emerged from the Community Health Assessment. The kick-off meeting will be held on March 8, 2017 from 9:00 a.m. to 12:00 p.m. at 872 W. Orange Ave.

1) Physical Activity and Nutrition
2) Mental Health
3) Neighborhood Safety (focus on built environment, crime and violence)
4) Maternal Child Health
5) Early Childhood Education
6) HIV/Sexually Transmitted Infections
7) Economic Stability
8) Health Communication and Information

We ask that you or your representative(s) join one or more of the workgroups. The workgroups—facilitated by leaders from the health assessment steering group—will meet from March through June. Each workgroup member will be asked to:

- Attend workgroup meetings
- Review existing research and participate in other workgroup meetings or activities
- Engage cross-sectional leaders and community members in the planning process
- Reach out to other groups to learn about their work and gain feedback
- Document current plans and initiatives and suggest potential partners/resources in the action plan
- Develop a draft action plan with help from a template

Please register to participate in a CHIP Workgroup by March 3, 2017. For questions, email Brandi.Knight@flhealth.gov or phone 850-606-8169.

With your help, we can build a stronger and prosperous community in which we all succeed.

Sincerely,

TALLAHASSEE MEMORIAL HEALTHCARE

LIVE UNITED United Way United Way of the Big Bend

Florida HEALTH Leon County

Appendix: 2017 CHIP Kick-off Agenda, March 8, 2017

Leon County Health Improvement Planning Kick-Off
Richardson-Lewis Health Center, Auditorium
872 West Orange Avenue, Tallahassee, FL
March 8, 2017, 9:00 a.m. – 12:00 p.m.

AGENDA

Purpose: *Each strategic issue area identifies assets and gaps and brainstorm goals and objectives for the health improvement plan.*

Topic	Lead
Welcome & Introductions	Claudia Blackburn Health Officer, DOH-Leon
What is the Health Assessment/Improvement Process?	Brandi Knight DOH-Leon
Committee Roles & Responsibilities	Brandi Knight DOH-Leon
Committee Discussions	Committee Leads
Next Steps	Brandi Knight
Closing Remarks/Adjourn	Claudia Blackburn

Appendix: CHIP Meeting Agenda, February 26, 2018

Leon County Health Improvement Planning Alignment Meeting
Bill Fagen Conference Room
1515 Old Bainbridge Road, Tallahassee, FL
February 26, 2018, 8:00 a.m. – 12:00 p.m.

AGENDA

Purpose: *Each strategic issue area identifies assets and gaps and aligns strategies and objectives for the health improvement plan.*

Topic	Lead
Welcome & Introductions	Claudia Blackburn Health Officer, DOH-Leon
Committee Roles & Responsibilities	Marcus West DOH-Leon
Committee Discussions	Committee Leads
Community Based Questions/Concerns	Southside Frenchtown Advisory Council
Next Steps	Marcus West DOH-Leon
Review of Old CHIP Plan	Marcus West DOH-Leon
Closing Remarks/Adjourn	Claudia Blackburn Health Officer, DOH-Leon

Appendix: CHIP Meeting Sign-in Sheets, February 26, 2018

Leon County Health Improvement Planning Alignment Meeting
Bill Fagen Conference Room
1515 Old Bainbridge Road, Tallahassee, FL
February 26, 2018, 8:00 a.m. – 12:00 p.m.

Sign-in Sheet

Name	Organization	Email	Phone Number
Melissa Dancer	Tallahassee Memorial HPC	melissa.dancer-brown@tmh.org	431-3720
Jasmin Godding	FDOH Leon	jasmin.godding2@FLhealth.gov	850-606-8118
Claudia Blackburn	FDOH Leon		
Jay Reeve	Apalachee Center	jay@apalacheecenter.org	523-3215
Edward Holifield		ewholifield@yahoo.com	850.556.1685
Betsy Wood	FSU CHP	betsywood100@gmail.com	850-321-6792
Miaisha Mitchell	Executive Director/Southside Community Advisory Council	mmiaisha@gmail.com	850-284-0366
MARGARET D. WHITE	Southside Frenchtown Community Advisory Council	mdgwy11@aol.com	(850) 877-0218 (H)
CHRISS WALKER	"		
Sylvia Hubbard	" "	sylviahubbard@hotmail.com	(850)251-3426

Name	Organization	Email	Phone Number
Rebecca Weaver	United Way	rebecca@unitedway.org	487-8091
Cheryl Williams	DOH	Cheryl.williams@FLhealth.gov	606-8266
Rose Ann Scheck	DOH		
James Cole	DOH	James.Cole@FLhealth.gov	(850) 322-2793
June Logan	SECAC	junelogan@embarqmail.com	(850) 556-0996
Marcus West	FDOH-Leon		

Appendix: CHIP Meeting Minutes, February 26, 2018

Leon County Health Improvement Planning Alignment Meeting
Bill Fagen Conference Room
1515 Old Bainbridge Road, Tallahassee, FL
February 26, 2018, 8:00 a.m. – 12:00 p.m.

MINUTES

Topic
Attendees: Claudia Blackburn; James Cole; Melissa Dancer; Jasmin Godding; Edward Holifield; Sylvia Hubbard; June Logan; Miaisha Mitchell; Jay Reeve; RoseAnn Scheck; Arianna Waddell; Chriss Walker; Rebecca Weaver; Marcus West; Cheryl Williams; Margaret White; Betsy Wood (Facilitator)
Welcome & Introductions – Claudia Blackburn
Review of Old CHIP Plan – Marcus West Marcus reviewed the strategic issue areas and goals, which include the following: **Strategic Issue Area #1:** Access to Health Care 1. Increase access to oral health services 2. Improve access to behavioral mental health services 3. Raise community's awareness on the role of stress in healthy lifestyles **Strategic Issue Area #2:** Obesity and Chronic Disease 1. Increase healthy behavioral among adults and children • *Strgy1: By May 31, 2017, 20% of Leon County schools will achieve a level of success as determined by Alliance criteria*…We need to identify the Leon County Schools that have received recognition for the Alliance for Healthier Generation. (Note: In 2015, Desoto Trail Elementary was recognized with a gold award for wellness. The previous year (2014), Desoto was recognized with a silver award and Chaires Elementary a bronze award. Ruediger Elementary received a bronze recognition in 2013.) • *Strgy1: By June 30, 2014, by 5% the availability of employee wellness programs*…Objective was removed because we did not have the available resources at the time. This is something that is being captured in our current CHIP. We are focusing on nutrition, weight, and smoking cessation in the new plan. • *Strgy1:* Update obesity rates. • *Strgy2: By May 31, 2017, increase the number of elementary schools compliant with the 150 minutes per week*…Not sure how Brandi Knight tracked this. The currently level is most likely over three (3). There is a policy to increase the number of minutes, but there was an option to not to do it. Is there a database to monitor this? The CHIP workgroup needs to work with the CHAMPIONS Program and ECOP. • *Strgy2: By May 31, 2016, reduce the number of elementary schools using unhealthy treats*…ECOP is discussing this matter and has key people in place (Alan Cox and Roseann Wood). We need to incorporate ECOP plan into Nutrition and Physical Activity workgroup. • *Strgy2: By May 31, 2016, reduce the number of elementary schools using unhealthy treats*…ECOP • *Strgy 3: By June 30, 2017, increase the number of participants walking in monthly Move Tallahassee*…We are focusing on community walks, not specifically Move. What is the baseline data for this objective?

Strategic Issue Area #3: Health disparities

1. Raise awareness among health care staff and patients on the importance of breastfeeding
    - Strgy 1: *By December 31, 2016, 100% of TMH health care staff working on the maternity ward…* We should be at 100 percent. On February 7, 2018, TMH had a site visit for the Baby-Friendly Initiative. It will take 4-6 weeks to get back the report for accreditation.
    - Strgy 1: *By December 31, 2016, at least 90% of all pregnant women receiving prenatal care through TMH …*The Collective Impact has discovered that the prenatal care status of many women is missing/unknown. Thus, the prenatal care utilization percentages may be inaccurate. This is a national problem.

We need to identify data sources and keep them updated and uniform.

There should be a racial breakdown of the indicators.

The purpose of this segment of the meeting is to identify the pitfalls of the Old CHIP Plan and to make the necessary changes.

Current Plan

Affordable Housing

- We can add private lenders. There is more time so see who hasn't been brought to the table.
- How many safe affordable housing units are there?
- Include overall number of affordable housing units
- Look at people in the community, including CONA and community centers. Christic Henry is a part of the CONA.
- Affordable housing for people living the community -how do we differentiate?
- They have private lenders on their list
- Strategy 1-excluding student housing
- There needs to be a workshop. People from the community need to be part of the workshop.
- What is the impact of business?
- What is the level of federal funding?
- Include policy in action plan.
- Public development and workshops
- Number of new stakeholders
- When do the City and County have meetings?
- Get elected officials to be more thoughtful

Sustainable Employment

- Define sustainable employment (fast-food vs other forms of employment)
- Educate people about existing training opportunities and workforce development –
- Connecting job candidates with employers
- Need to include special populations: jailers and child support
- Educate people that implement the policies

Leon County Health Improvement Planning Alignment Meeting
Bill Fagen Conference Room
1515 Old Bainbridge Road, Tallahassee, FL
February 26, 2018, 8:00 a.m. – 12:00 p.m.

MINUTES

- Career source has a direct line to politicians.
- Suability assessment and data and qualitative assessment
- Melissa can send information about the playbook

HIV

- We are the people served at the bargain table.
- The data is not accurate.
- Educating people about PrEP
- The State Office is specific about advertisement.
- HIV program is collecting data to monitor where people are receiving information.
- One meeting with the State Office -She want them to talk to CEOs and Community members
- Data for PrEP for blacks and whites
- Black treatment advocacy and Black Aids group advertisement
- Where is the money for outreach going?
- Why are there no workshops on HIV morbidity and mortality?
- Test and Treat – People that come to them, they get tested and treated immediately. We are trying to have linkage person for case management. Tested and treated is within 2 weeks. The health department gives them medicine.
- RoseAnn will be starting workgroup with providers.

Maternal Child Health

- Working to get community partners, Maternal Child Health Equity and Collective Impact

Behavioral Health

- Southside and Frenchtown Community Advisory Council (SFCAC) will be a community partner

Nutrition and Physical Activity

- Significant difference between obesity rates of Title 1 schools and non-Title 1 schools
- ECOP is working on a grant proposal to improve nutrition and physical activity among two Title 1 schools: Bond Elementary and Oak Ridge Elementary

Next Steps - Marcus West

- Make changes to the CHIP draft based on the information provided today (February 26).
- The Community Health Assessment is being updated.
- Marcus will converse with the team leads.
- Marcus will share the finalized plan with the SFCAC.

Adjourn

Appendix: CHIP Meeting Agenda, July 30, 2018

Leon County Health Improvement Planning Quarterly Meeting
Bill Fagen Conference Room
1515 Old Bainbridge Road, Tallahassee, FL
July 30, 2018, 10:00 AM – 12:00 PM

AGENDA

Purpose: *Each strategic issue area identifies assets and gaps and aligns strategies and objectives for the health improvement plan.*

Topic	Lead
Welcome & Introductions	Dr. Judith Ogbonna DOH-Leon
CHIP Workgroup Updates • Affordable Housing • Sustainable Employment • HIV/ AIDS • Sexually Transmitted Diseases (STDs) • Physical Activity • Maternal and Child Health • Mental Health	Committee Leads
Closing Remarks/Adjourn	Marcus West DOH-Leon

Florida Department of Health in Leon County
CHIP Meeting
R & S, Bill Fagen Room
July 30, 2018, 10:00 a.m. – 12:00 p.m.

SIGN-IN SHEET

Name	Phone Number	Email	Organization
Matt Gust	850-552-7858	Mgust@ecbigbend.org	ELC
Claudia Blackburn	850-606-8160		DOH-Leon
Jay Reeve	850-523-3213	jreeve@apalacheecenter.org	Apalachee Center
Judith Ogbonna	(850) 606-8162	judith.ogbonna@flhealth.org	DOH-Leon
Holly Kirsch	850-606-8279	holly.kirsch@flhealth.gov	DOH-Leon
Unam Mansoor			DOH Leon
Hanging Sun	850-300-3614	Hanging.Sun@flhealth.gov	DOH Leon
Thomas Risk	850 606 8091	thomas.risk@flhealth.gov	DOH-Leon
Melissa Dancer	850 431-3720	melissa.dancer-brown@tmh.org	TMH
Dale Harrison	850-545-1605	dale.harrison@FLHealth.gov	STD
R Weaver	4878091	rebecca@uwbb.org	United Way
	850-		
Marcus West	~~850-575-~~8026	marcus.west@FLHealth.gov	DOH
Arianna Waddell	(850) 978-7227	Arianna.Waddell@FLHealth.gov	

Appendix: CHIP Meeting Minutes, July 30, 2018

Leon County Health Improvement Planning Quarterly Meeting
Bill Fagen Conference Room
1515 Old Bainbridge Road, Tallahassee, FL
July 30, 2018, 10:00 AM – 12:00 PM

MINUTES

Purpose: *Each strategic issue area identifies assets and gaps and aligns strategies and objectives for health improvement plan.*

Topic
Present: Claudia Blackburn; Mellissa Dancer-Brown; Matthew Guse; Sun Hanging Dale Harrison; Holly Kirsch; Unam Mansoor; Judith Ogbonna; Jay Reeve; Thomas Risk; Arianna Waddell; Rebecca Weaver; Marcus West
Welcome/Call to Order: • The meeting was called to order at 10:10 AM by Dr. Judith Ogbonna. • Dr. Ogbonna led the group in introductions. • Marcus informs the meeting attendees that the purpose of the meeting to examine how far we come with the CHIP. In addition, the group would determine if each objective is still "smart", identify the lessons learned, assess why an objective was not met, and determine if the objective is sustainable.
CHIP Workgroup Updates *HIV - Thomas Risk* • This is Thomas's first CHIP meeting. • He will forward the 2017 HIV data to the group. • He is having a discussion with FDOH-Leon's public information officer about starting a twitter account. *Nutrition and Physical Activity - Melissa Dancer-Brown* • The workgroup is on target. • The workgroup has aligned itself with the Early Childhood Obesity Prevention's (ECOP) existing goals. ECOP has received funding from the Leon County School Board Foundation to hire a part-time person to work with Bond Elementary and Oakridge Elementary School. The intern will be doing onsite assessments into the schools either before school gets started or the first couple weeks of school. In addition, he will examine the physical environment of water – where it exists in the schools. He will be conducting an assessment on what happens in the schools (e.g., Are teachers limiting students' water consumption to limit their need to go to the restroom?). • Tallahassee Memorial HealthCare will develop the materials for the program. • They will rely on the principals to identify the grades for the program. • The program has an awareness and educational components. • In addition, there will be a challenge for students to track their beverage consumption. Florida State University and Florida A& M University students will assist with the challenge.

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Maternal Child & Health – Unam Mansoor

- In June, we participated in the Maternal Child Equity Forum that was at FAMU.
- On August 4th, there will be a Breastfeeding Walk at Lake Ella at 9 AM. There will also be an activity during Black Breastfeeding Week (August 25-31).
- They are providing "Safe Sleep" educational materials and resources at doctors' offices.
- They are partnering with Healthy Start to increase safe sleep awareness by utilizing Healthy Start's electronic crib.
- Healthy Start has initiated providing infancy care classes, and we are trying to partnership with them on this. Would like to have one class per quarter.
- The 2% baseline for the home visits must be tracked in the CHIP document.

Mental Health- Dr. Jay Reeve

- This workgroup has four objectives, to Evaluate, Expand, Engage, and Educate.
- We have a baseline that reflects the 4 surveys conducted in Leon County. These studies are incorporated into the whitepaper. Over the next few years, we will gather data.
- Data was collected from participants at the Be Kind to Your Mind event. In addition, data is being collected from 2-1-1 Big Bend.
- They are in the process of developing a behavioral health provider database.
- The Evaluate strategy has expanded since the last CHIP meeting. Currently, objectives A and C are in progress, and objective B is completed.
- The purpose of the education subcommittee was to raise public awareness on issues and resources connected to mental health. We have had media appearances with WFSU and the Tallahassee Democrat, developing a website, and creating awareness videos.
- There will be a CME opportunity for local doctors.
- Partnering with Big Bend Mental Health Coalition.
- Objective 3.1.5 is still in progress.
- He is waiting to get more information from the engage subcommittee.

Economic Stability & Affordable Housing – Rebecca Weaver

- We are pretty much on track with everything. However, we are behind on the gap assessment.

STD-Dale Harrison

- Their target population are young people between the ages of 15 and 24 years old.

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- He will get the number of providers that offer expedited partner therapy (EPT) in Leon County.
- Claudia recommended using rates versus number of cases for the baseline.
- He would like to capture the percentage of people that visit the health department after seeing the STD awareness presentations.

Adjourned

Alignment with National and State Goals

STRATEGIC HEALTH ISSUE	GOAL	SHIP	HP2020	CDC Winnable Battle
Affordable Housing	1. Increase availability of safe and sanitary affordable housing units	HE2.1.1, HE3.4.3	SDOH-4	
Sustainable Employment	1. Minimize barriers to sustainable employment	HE3.1	SDOH-1	
HIV/AIDS	1. Reduce new HIV infection in Leon County 2. Increase access to care for people newly diagnosed 3. Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV	ID2.1, ID2.2	AHS-7; HC/HIT-13; HIV-1, HIV-2, HIV-8, HIV-19, HIV-20, HIV-21	CDC Winnable Battle: HIV
STD	1. To decrease STDs (gonorrhea, chlamydia and syphilis) in Leon County	ID1.2	STD-8	
Physical Activity	1. Develop and promote cross-sector community walking for maintaining health and managing chronic disease	HW2.1	HW2.1 PA-13	CDC Winnable Battle: Nutrition/Physical Activity/Obesity
Nutrition	1. To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools			CDC Winnable Battle: Nutrition/Physical Activity/Obesity
Maternal and Child Health	1. Reduce infant mortality rate from 6.7 to 5 by 2022	HW1.2, MCH1	MICH-10, MICH-30	
Mental Health	1. To improve mental health outcomes for residents of Leon County	HE3.5.2; MHMD-6, MHMD-7		